



**Patient Satisfaction Survey**

Indicate your opinion by circling the level of satisfaction you had with your visit today. With **1** being a terrible score and **10** being an excellent review of our services:

1. *How would you rate your experience and ease with scheduling your appointment today?*

2. *How helpful have you found our secretaries to be when you have phoned in to the office?*

3. *How were you greeted when you arrived for your appointment?*

4. *How was the wait time from your scheduled appointment time until you were actually seen?*

5. *How did you feel you were handled by the medical assistants who prepped you for the doctor?*

6. *Please rate the ease of your check-out at the end of your visit?*

7. *Was any type of referral to a specialist completed to your satisfaction?*

8. *Did you receive appropriate education and information about your test results?*

9. *How would you rate your overall experience with our administration?*

10. *How would you rate your overall medical experience with our office?*

11. *Would you consider yourself happy to be a patient of this clinic?*

12. *How often do you see a physician versus a physician assistant?*

0%  25%  50%  75%  100%

Comments

*Is there a specific incident you would like to commend or criticize?*

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*Would you like to comment on a specific employee or provider, whether positive or negative?*

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*Are there any general concerns, comments or suggestions you have about our office?*

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*Would you like or not like to receive any type of follow-up about your comments today from the office manager?*

**IF YES/Your Name:**  **Contact Info:**

*I know we at Panacea O'Neill Medical Group strive for the absolute best care and satisfaction of our patients, but we can always look for ways to improve and your feedback is greatly valued.*

**We thank you for taking the time to fill out this survey, in order for us to serve you better.**