



PATIENT SATISFACTION SURVEY

Dear Patient:

Please take a few moments and share your opinion about the service you received today. Your responses will be kept strictly confidential.

Please feel free to either return this questionnaire with a provided self-addressed envelope, or by returning this form to our front office staff.

Thank you for your help!

Physician/Physician Assistant: _____ **Date:** _____

Office: Tinley Park Chicago/Rush Oak Brook

Appointment:

	Excellent	Very Good	Good	Fair	Poor	Does Not Apply
1. Ease of making your appointment	5	4	3	2	1	N/A
2. Appointment available within a reasonable timeframe	5	4	3	2	1	N/A
3. Efficiency of the check-in process	5	4	3	2	1	N/A
4. Waiting time in reception area	5	4	3	2	1	N/A
5. Waiting time in the exam room	5	4	3	2	1	N/A
6. Keeping you informed if your appointment was delayed	5	4	3	2	1	N/A
7. Ease of getting a referral when you needed one	5	4	3	2	1	N/A
8. Driving/parking directions given to you	5	4	3	2	1	N/A

Staff:

	Excellent	Very Good	Good	Fair	Poor	Does Not Apply
1. Courtesy of the person who took your call	5	4	3	2	1	N/A
2. Friendliness/courtesy of the front office staff	5	4	3	2	1	N/A
3. Staff dressed in appropriate medical office attire	5	4	3	2	1	N/A
4. Explanation of patient forms that you had to sign	5	4	3	2	1	N/A
5. Medical Assistant understanding of your medical history	5	4	3	2	1	N/A
6. Efficiency of your current health vitals being recorded	5	4	3	2	1	N/A



Communication:

	Excellent	Very Good	Good	Fair	Poor	Does Not Apply
1. Your phone call answered promptly	5	4	3	2	1	N/A
2. Clear and friendly greeting when you call	5	4	3	2	1	N/A
3. Practice/Physician name given promptly when you call	5	4	3	2	1	N/A
4. Our ability to return your calls in a timely manner	5	4	3	2	1	N/A
5. Your ability to contact us after hours	5	4	3	2	1	N/A
6. Your ability to request prescription refills by phone	5	4	3	2	1	N/A
7. Contacted about test results in a reasonable timeframe	5	4	3	2	1	N/A
8. Effectiveness of our health information materials	5	4	3	2	1	N/A

Physician/Physician Assistant:

	Excellent	Very Good	Good	Fair	Poor	Does Not Apply
1. Willingness to listen carefully to you	5	4	3	2	1	N/A
2. Taking time to answer your questions	5	4	3	2	1	N/A
3. Explanation given to you in a way you could understand	5	4	3	2	1	N/A
4. Instructions regarding medication/follow-up care	5	4	3	2	1	N/A
5. Thoroughness of the examination	5	4	3	2	1	N/A
6. Explanation of your diagnosis/treatment plan	5	4	3	2	1	N/A
7. Quality of medical care given to you	5	4	3	2	1	N/A
8. Confidence with Physician/Physician Assistant	5	4	3	2	1	N/A
9. Amount of time spent with you	5	4	3	2	1	N/A

Our Office:

	Excellent	Very Good	Good	Fair	Poor	Does Not Apply
1. Cleanliness/tidiness of the reception area	5	4	3	2	1	N/A
2. Cleanliness of the exam room	5	4	3	2	1	N/A
3. Condition of the reception area furniture	5	4	3	2	1	N/A
4. Overall quality of the office	5	4	3	2	1	N/A



Overall Satisfaction:

	Excellent	Very Good	Good	Fair	Poor	Does Not Apply
1. Overall satisfaction with our practice	5	4	3	2	1	N/A
2. Overall rating of care from your Physician/Physician Assistant	5	4	3	2	1	N/A
3. Overall quality of your medical care	5	4	3	2	1	N/A

Would you recommend our practice/Physician to others? _____

If no, please tell us why: _____

Would you recommend anything to improve our services to you? _____

Not required

Some information about you:

Your Gender

Male

Female

Your Age

Under 18

18-30

31-40

41-50

51-60

Over 60

Are you

A new patient

A returning patient

Thank you again for your help!