

## PRACTICE NAME HERE (SAMPLE)

***Our mission is to provide the highest quality care for every patient who enters our office.  
Please take a moment to help us understand how we are doing and where we can improve.***

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Rate the following areas by circling 1-5. 1 = Poor 3 = Fair 5 = Excellent NA = Not applicable

	Poor		Fair		Excellent		
1. Convenience of scheduling an appointment	1	2	3	4	5	NA	
2. Courtesy of staff upon your arrival	1	2	3	4	5	NA	
3. Availability of appointment times	1	2	3	4	5	NA	
4. Waiting Room	1	2	3	4	5	NA	
5. Overall cleanliness of our office	1	2	3	4	5	NA	
6. Providers' ability to answer your health questions	1	2	3	4	5	NA	
7. Staffs' ability to answer your billing questions	1	2	3	4	5	NA	
8. Building Location	1	2	3	4	5	NA	
9. Parking Availability	1	2	3	4	5	NA	
10. Providers listen to your needs	1	2	3	4	5	NA	
11. Length of time provider spends with you	1	2	3	4	5	NA	
12. Advice given by the provider	1	2	3	4	5	NA	
13. Professionalism of Office Staff	1	2	3	4	5	NA	
14. Details outlining your course of treatment	1	2	3	4	5	NA	
15. Your likelihood to refer your provider	1	2	3	4	5	NA	

Are you a:  New Patient  Returning Patient

Please comment on areas we can improve the quality of care you are receiving.