

STUDENT MEDICAL SERVICES - PATIENT SATISFACTION QUESTIONNAIRE

Setting Our Sights on Your Satisfaction!!

We are committed to providing you with the best possible health care. Please give us your frank comments and suggestions about your visit today. You can be sure that whatever you say will help us provide you with the service that exceeds your expectations!!

	Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Dissatisfied	Not Applicable
1. Your telephone calls to our office were handled to your satisfaction.	()	()	()	()	()
2. You were greeted promptly and courteously by our staff when you entered our office.	()	()	()	()	()
3. Our reception area was comfortable.	()	()	()	()	()
4. Waiting time in the lobby or examination room was:					
Lobby	<15 Min ()	15-30 Min ()	>30 Min ()		
Examination Room	()	()	()		
4. Your medical provider explained your diagnosis to your satisfaction and gave you an opportunity to ask questions.	()	()	()	()	()
5. The technician exhibited competence and expertise in performing tests.	()	()	()	()	()
6. The exams were explained to you by the medical provider and technician.	()	()	()	()	()
7. You were treated with dignity and respect by all of our front office staff.	()	()	()	()	()
8. You were treated with dignity and respect by all of your medical provider(s).	()	()	()	()	()
9. The total time your exam took was reasonable.	()	()	()	()	()
10. Your questions about our fees were answered to your satisfaction.	()	()	()	()	()
10. Will you recommend us to others? Please explain if No or Maybe	Yes _____		No _____		Maybe _____
11. How would you rate us?	Excellent _____	Good _____	Fair _____	Poor _____	
Additional comments and suggestions:					

Thank you for taking the time to share your thoughts with us.