Hope Internal Medicine & Sleep

PATIENT SATISFACTION SURVEY

Patient Name (Optional): _____ Study Performed: _____

Study Location: _____ Date of Service: _____

It is our desire to provide you with the best quality home care services available. In order to help us maintain our high standards, please take a few moments to tell us how we are doing. Please complete this form and note the response that most closely matches your experience.

Hope Internal Medicine & Sleep	Extremely Satisfied	Satisfied	Dissatisfied	Extremely Dissatisfied
Services were provided in a timely manner				
The staff discussed my rights and responsibilities and financial obligations				
The staff informed me how to contact the office				
The representatives were courteous and professional				
Explanations and instructions offered by representatives were adequate				
All procedures/services were explained prior to performing them				
Equipment and supplies used were clean and in good working order				
I was treated with respect				
I would recommend The Vine Medical Center to my friends or family				

Comments:

Thank you for choosing Hope Internal Medicine & Sleep