Be Well Primary Health Care Center, LLC 3007 Farragut Road, Brooklyn, NY 11210

Tel No: (718) 434-0711, Fax: (718) 434-0712

PATIENT SATISFACTION SURVEY: Date:				
Name:				
1. How long have you been a patient in our office? [] Less than 1 year [] 1 to 2 years [] 3 to 5 years				
2. Approximately how many times have you seen the Dr. in the last year? [] First time in last 12 months [] 2 or 3 times [] 4 or more times				
3. What was the main reason you selected our office? [] Recommended by friend or relative	doctor plan di	rectoi	ry	
4. Thinking about your visit to this office, how would you rate it overall? [] Poor [] Fair [] Excellent [] Not applicable				
· -	3	4	<u>llent</u>) 5	6
6. The friendliness and courtesy shown to you by the receptionist/front de	sk staff 3	?? 4	5	6
7. The friendliness and courtesy shown to you by the medical assistant?	3	4	5	6
8. The cleanliness and convenience of our facility?	_	·	_	
9. Your doctor's explanation of tests, procedures and prescribed medicine 1 2	3 ? 3	4	5	6
10. The length of time you spent waiting in the reception area after you ar [] Less than 30 min [] Less than an hour [] More than an hour	_	-	_	
11. Were you contacted by our staff to remind about your appointment?	[] Yes		[] No	
12. Would you recommend our office to a friend?	[] Yes		[] No	
Comments:				
Signature:				