






PATIENT SATISFACTION QUESTIONNAIRE

Please Print Your Name (*optional*): _____ Date of Visit: _____

Dear Patient:

All of us, at A+ Total Care, are constantly seeking to improve our service to you and the community. We ask that you take a few minutes to complete this survey. Your comments are confidential. We welcome any suggestions or comments that you have concerning the quality of care you received.

Please place a ✓ in the column you feel is most appropriate	 A+	 B	 C	 D	 F
Did the Patient Services Staff (<i>Receptionist</i>) greet you with a smile?					
Were the Patient Services Staff courteous and efficient?					
Given the volume of patients waiting for treatment at the time of your visit, do you feel the time spent waiting was appropriate?					
If the Provider and Medical Assistants were busy and you were required to wait, was an explanation given to you by the Patient Services Staff?					
Did the Medical Assistant greet you with a smile and introduce themselves?					
Were the Providers and Medical Assistants, who provided your care, courteous and efficient?					
Do you feel that your Provider was knowledgeable and courteous?					
Did the staff answer any questions you may have had?					
Were any delays in your treatment (i.e., lab tests or x-rays) explained to you?					
Was the facility clean and well maintained at the time of your visit?					
Were you satisfied with the care you received, while a patient at A+ Total Care?					

Do you have any comments or suggestions regarding your experience at A+ Total Care? _____

Are there any individuals you would like us to recognize for the care they provided? _____

Based on ***today's visit only***, would you recommend A+ Total Care to your Family & Friends? Yes No

May we share your comments on our Facebook page, Website, or in our promotional materials (*only first names will be used*)? Yes No

Would you like to have the Operations Director or Administrator contact you? Yes No

Your Phone Number: _____ Best Time to Call: _____

Please place this questionnaire in the black survey box just before the waiting room exit door