

Your honest feedbacks will help us to improve our services for you & future patients. Thanks for taking the time.

Which physician did you see today?

☐ R. Mahrou

☐ A. Rafizad

When did you see the physician? _____

How did you hear about us?

☐ Physician Referral

☐ Family/Friend

☐ Other Patients

☐ Insurance Company

☐ Signage

☐ Telephone Book

☐ Community Events

☐ Newspaper/Magazine

Did you have any trouble locating the physician's office?

☐ Locating Building

☐ Locating Office

Yes No

Reception | Scheduling

- | | | |
|----------------------------|----------------------------|--|
| <input type="checkbox"/> Y | <input type="checkbox"/> N | Are our phones answered promptly? |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | Was your hold time acceptable? |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | Was the receptionist courteous? |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | Was our answering service able to assist you properly? |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | Were you informed of any pre-payment requirements? |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | Was the verifier courteous and helpful? |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | Did receptionist verify your address and insurance upon arrival for appointment? |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | Availability of appointment was reasonable? |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | How long was the scheduling wait time? |

- | | | | |
|----------------------------|----------------------------|---|-------------------------------------|
| <input type="checkbox"/> Y | <input type="checkbox"/> N | Was your nurse courteous, helpful and compassionate? | Surgery Center Nurse Clinic Staff |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | Did your nurse demonstrated good explanations and skills? | |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | How would you rate the cleanliness of the <i>Clinic</i> (waiting room, reception area & exam rooms) | |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | How would you rate the cleanliness of the <i>Surgery Center</i> (waiting room, reception area, etc) | |

- | | | | |
|----------------------------|----------------------------|---|------------|
| <input type="checkbox"/> Y | <input type="checkbox"/> N | Was the amount of time the doctor spent with you adequate? | Physicians |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | Did he/she take time to answer your questions? | |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | Did the physician provide the information you needed to understand your care? | |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | Was the physician friendly, personable, and concerned? | |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | Would you refer your family or friends to Pain Care Providers Clinics? | |

How was the wait time in the exam room?

☐ Reasonable

☐ Too much

Additional Comments

Please provide us with your name and number if you would like our Administration to discuss your opinions in more detail