DR SAMUELY. BROWN



Dr. Samuel Y. Brown's Patient Survey

Patient Name: _____ Provider Name: _____

	ar Patient: Please tell us about the service you received from nfidential.Thanks for your help.	n this provider	. Your re	esponse	will be	kept	strictly
Ple	ease rate the following:						
		Excellent	Good	Very Good	Fair	Poor	Does Not Apply
A.	YOUR APPOINTMENT:						
1	. Ease of making appointments by phone	5	4	3	2	1	N/A
2	. Appointment available within a reasonable amount of time	5	4	3	2	1	N/A
3	. Getting care for illness/injury as soon as you wanted it	5	4	3	2	1	N/A
4	. Getting after-hours care when you needed it	5	4	3	2	1	N/A
5	. The efficiency of the check-in process	5	4	3	2	1	N/A
6	. Waiting time in the reception area	5	4	3	2	1	N/A
7	. Waiting time in the exam room	5	4	3	2	1	N/A
8	. Keeping you informed if your appointment time was delayed	5	4	3	2	1	N/A
9	. Ease of getting a referral when you needed one	5	4	3	2	1	N/A
В.	OUR STAFF:						
1	. The courtesy of the person who took your call	5	4	3	2	1	N/A
2	. The friendliness and courtesy of the receptionist	5	4	3	2	1	N/A
3	. The caring concern of our providers	5	4	3	2	1	N/A
4	. The caring concern of our medical assistants	5	4	3	2	1	N/A
5	. The helpfulness of the staff who assisted you with billing or insurance	5	4	3	2	1	N/A
C.	OUR COMMUNICATION WITH YOU						
1	. Your phone calls answered promptly	5	4	3	2	1	N/A
2	. Getting advice or help when needed during office hours	5	4	3	2	1	N/A
3	. Explanation of your procedure (if applicable)	5	4	3	2	1	N/A
4	. Your test results reported in a reasonable amount of time	5	4	3	2	1	N/A
5	. Effectiveness of our health information materials	5	4	3	2	1	N/A
6	. Our ability to return your calls in a timely manner	5	4	3	2	1	N/A
7	. Your ability to contact us after hours	5	4	3	2	1	N/A
8	Your ability to obtain prescription refills by phone	5	4	3	2	1	N/A
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D. YOUR VISIT WITH THE PROVIDER	excellent	Good	Very Good	Fair	Poor	Does No Apply
(Doctor, Nurse Practitioner)						
1. Willingness to listen carefully to you	5	4	3	2	1	N/A
2. Taking time to answer your questions	5	4	3	2	1	N/A
3. Amount of time spent with you	5	4	3	2	1	N/A
4. Explaining things in a way you could understand	5	4	3	2	1	N/A
5. Instructions regarding medication/follow-up care	5	4	3	2	1	N/A
6. The thoroughness of the examination	5	4	3	2	1	N/A
7. Advice given to you on ways to stay healthy	5	4	3	2	1	N/A
E. OUR FACILITY						
1. Hours of operation convenient for you	5	4	3	2	1	N/A
2. Overall comfort	5	4	3	2	1	N/A
3. Adequate parking	5	4	3	2	1	N/A
4. Signage and directions easy to follow	5	4	3	2	1	N/A
F. YOUR OVERALL SATISFACTION WITH:						
1. Our practice	5	4	3	2	1	N/A
2. The quality of your medical care	5	4	3	2	1	N/A
3. Overall rating of care from your provider	5	4	3	2	1	N/A
WOULD YOU RECOMMEND THE PROVIDER TO OTHERS?	Yes	1		No	2	
IF NO, PLEASE TELL US WHY:						

IFTHERE IS ANY WAY WE CAN IMPROVE OUR SERVICES TO YOU, PLEASE TELL US ABOUT IT:

SOME INFORMATION ABOUTYOU:

GENDER		YOUR AGE		ARE YOU:
Male	1	Under 18	1	A new patient 1
Female	2	18-30	2	A returning patient 2
		31-40	3	
		41-50	4	
		51-60	5	
		Over 60	6	

Thanks very much for your help!