

HOSPITAL / MEDICAL PRACTICE  
PATIENT SURVEY



12345-67890

Dear firstname lastname please help us to improve the standard of our practice by participating in our patient survey.  
Reference - patientID

IMPORTANT INFORMATION:

Please use blue or black pen to scribble in the checkbox that appropriately describes your experience with us today. .

1. I was able to get an appointment for a time that was appropriate to me.

- A Strongly Agree
- B Agree
- C Neither Agree nor Disagree
- D Disagree
- E Strongly Disagree
- F N / A

2. Changes to my appointment were communicated promptly.

- A Strongly Agree
- B Agree
- C Neither Agree nor Disagree
- D Disagree
- E Strongly Disagree
- F N / A

3. I was satisfied with the check-in process.

- A Strongly Agree
- B Agree
- C Neither Agree nor Disagree
- D Disagree
- E Strongly Disagree
- F N / A

4. The information and education I received on medications was appropriate and complete.

- A Strongly Agree
- B Agree
- C Neither Agree nor Disagree
- D Disagree
- E Strongly Disagree
- F N / A

5. Co-ordination of follow up care was handled in an outstanding fashion.

- A Strongly Agree
- B Agree
- C Neither Agree nor Disagree
- D Disagree
- E Strongly Disagree
- F N / A

6. The billing and insurance process were well explained, timely and convenient.

- A Strongly Agree
- B Agree
- C Neither Agree nor Disagree
- D Disagree
- E Strongly Disagree
- F N / A

7. My provider spent adequate time with me.

- A Strongly Agree
- B Agree
- C Neither Agree nor Disagree
- D Disagree
- E Strongly Disagree
- F N / A

8. I had confidence and trust in the provider who treated me.

- A Strongly Agree
- B Agree
- C Neither Agree nor Disagree
- D Disagree
- E Strongly Disagree
- F N / A

