

HOSPITAL / MEDICAL PRACTICE
PATIENT SURVEY



Dear Amanda Anderson please help us to improve the standard of our practice by participating in our patient survey.
Reference - 3123 4444

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.

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

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

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

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7. My provider spent adequate time with me.

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

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151-29149

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14. The front office staff treated me courteously.

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15. I was treated with respect and dignity by the examination room staff.

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16. The staff were responsive to my concerns.

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19. The appearance and neatness of staff was excellent.

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20. The appearance and neatness of the practice was excellent.

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21. The reception area was comfortable.

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22. Waiting time in the reception area was appropriate.

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24. I would recommend this practice to family and friends.

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30. Please share one thing you would change to make your experience more pleasant.

31. Please share the best thing about your visit.

32. Please name a staff member who was especially helpful.

33. Please share any additional comments. If you would like to be contacted to share your experience please include your contact details.



HOSPITAL / MEDICAL PRACTICE
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146-959912

Dear Bernard Bently please help us to improve the standard of our practice by participating in our patient survey.

Reference - 3123 5555

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142-286207

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