|  |  |
| --- | --- |
| **[Your Practice Logo]** | **PATIENT SATISFACTION SURVEY** |

Your feedback is important to us! Based on your most recent visit, we hope that you will take just a couple of minutes to let us know what we’re doing well and where there might be room for improvement.

**Our survey is only 6 questions and should take you less than two minutes to complete.**

*All information provided here will be kept confidential and used only to help us provide a better experience for our patients. Thank you!*

**1. I would rate my overall experience with the front office staff as:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Very Poor | Poor | Good | Very Good | Excellent |

**2. During my visit, my financial responsibilities were clearly communicated to me.**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Strongly Disagree | Disagree | Agree | Strongly Agree |

**3. My healthcare provider heard my concern/s, understood and explained my medical condition to me, and set clear expectations about next steps.**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Strongly Disagree | Disagree | Agree | Strongly Agree |

**4. My healthcare provider educated me on my treatment option/s and explained his/her recommendations.**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Strongly Disagree | Disagree | Agree | Strongly Agree |

**5. I feel that my healthcare provider and staff care about me and my well-being as well as a successful recovery.**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Strongly Disagree | Disagree | Agree | Strongly Agree |

**6. I would recommend my healthcare provider to a family member or friend.**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Strongly Disagree | Disagree | Agree | Strongly Agree |

**Thank you for completing this survey! Your feedback is a great way to let us know how we are doing and help us to continue to improve.**

|  |  |
| --- | --- |
| **[Practice Name]** | **[Contact Details]** |