

Puri Pediatric Medical Group

Patient Satisfaction Survey

Please help us serve you better by completing this short survey. **You don't need to give us your name, unless you would like our office to contact you for any concerns.**

Your Name:	
Patient Name:	
Date:	
E-mail:	
Phone:	
Comments, Concerns, Complaints, Suggestions:	

Please answer the following questions:	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Not Applicable
Was the scheduler helpful in making your appointment?						
Did you get the appointment of choice?						
Was the scheduler friendly, warm and caring?						
Were you greeted warmly by the receptionist in a timely manner?						
Did the receptionist explain everything at front including all forms and why you needed to fill them out?						
How long was your wait in the waiting room?						
Was the back office friendly, caring and did they inform you of the waiting time in the exam room?						
Were you explained about any delay and reasons?						
Did the back office staff introduce themselves and explain what they were doing and why? e.g. taking temperature, giving shots?						
Did your doctor spend enough time with you?						
Did your doctor answer all of your questions?						
Were you overall satisfied with this visit?						
Would you recommend this office to your friends?	Yes	No	Why?			
Was the front office helpful in making your return appointment?						
Was the front office helpful with directions for lab and x-ray, if needed?						
Additional comments: 						
Were you happy with any staff member today? 						
Were you dissatisfied with any staff member today? 						
Thank you very much for taking time to complete this survey. We appreciate it very much.						