

# **Puyallup Surgical Consultants**

## **Patient Satisfaction Survey**

**We are continually striving to serve our patients respectfully and efficiently.**

**Your feedback is very important to us.**

**Date:** \_\_\_\_\_

**Physician:** \_\_\_\_\_

**1. I came to Dr. \_\_\_\_\_ office for care because (check all that apply):**

- Referred by Physician
- Friend
- Hospital or Clinic
- Yellow pages/Internet
- Convenience
- Affordable
- It was easy to get appointment
- I needed the type of care that this doctor provides

**2. I am here today for:**

- Doctor Visit
- Procedure
- Lab Work
- Injection

**3. How long did you have to wait before the doctor saw you?**

- Less than 10 minutes
- 10 to 20 minutes
- 20 to 30 minutes
- More than 30 minutes

**4. Was the office staff pleasant to you on the telephone?**

- Yes
- No

**5. Is the cost of the clinic visit reasonable?**

- Yes
- No

**6. Are the clinic hours convenient for you?**

- Yes
- No

**7. Are the clinic hours convenient for your family?**

- Yes
- No

**8. Did the care you received address your problem to your satisfaction?**

- Yes
- No

**If you answered No, Please state why not:** \_\_\_\_\_

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**9. How satisfied are you with the information you received from the clinic staff about your condition?**

- Very satisfied
- Satisfied
- Not Satisfied
- No Opinion

**10. How satisfied are you with the information you received from the doctor?**

- Very satisfied
- Satisfied
- Not Satisfied
- No Opinion

**11. Overall, how satisfied are you with your visit today?**

- Very satisfied
- Satisfied
- Not Satisfied
- No Opinion

**12. Will you return to the doctor's office?**

- Yes
- No

**13. Were the Medical Assistants kind and respectful?**

- Yes
- No

**Please feel free to elaborate:** \_\_\_\_\_

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**14. The Receptionist was pleasant and courteous.**

- Strongly Agree
- Mildly Agree
- Mildly Disagree
- Strongly Disagree
- N/A

**15. During the initial phone conversation with the Receptionist, interruptions were handled quickly and courteously.**

- Strongly Agree
- Mildly Agree
- Mildly Disagree
- Strongly Disagree
- N/A

**16. I was given accurate and efficient directions.**

- Strongly Agree
- Mildly Agree
- Mildly Disagree
- Strongly Disagree
- N/A

**17. The care provided by the physician was/is beneficial.**

- Strongly Agree
- Mildly Agree
- Mildly Disagree
- Strongly Disagree
- N/A

**18. The community areas (i.e. waiting room) are attractive, clean and comfortable.**

- Strongly Agree
- Mildly Agree
- Mildly Disagree
- Strongly Disagree
- N/A

**19. What are/were the most helpful experiences with your doctor?**

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**20. What do/did you dislike about your appointment?**

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**21. What would you recommend to improve our clinic and services?**

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**22. Is there any employee or staff member whom you believe deserves special recognition?**

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**~If you would like the Administrator to call and discuss any concerns or suggestions, please leave your name and phone numbers and a convenient time to call.**

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**Completed By:**

- **Patient:** \_\_\_\_\_
- **Spouse:** \_\_\_\_\_
- **Parent:** \_\_\_\_\_
- **Caregiver:** \_\_\_\_\_