



Date: \_\_\_\_\_ Name: \_\_\_\_\_

Are you a:                      NEW PATIENT                      RETURNING PATIENT                      Age: \_\_\_\_\_

<b>Ease of Getting care</b>	Excellent	Good	Fair	Poor	N/A
Ability of getting appointment to be seen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prompt return on phone calls	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friendly & helpful staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>Waiting</b>	Excellent	Good	Fair	Poor	N/A
Time in waiting room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facility neat & clean	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Privacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Who did you see?**                      Bobby Leaber                      Chatelaine Fortenberry                      Shelley Blanchard

<b>Your visit with provider:</b>	Excellent	Good	Fair	Poor	N/A
Friendly, helpful & listened to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Took enough time with you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Answered your questions & explained treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gave you good advice & treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>Charges / Billing</b>	Excellent	Good	Fair	Poor	N/A
Explanation of charges	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collection of payment / money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Would you refer us to your family & friends?**                      YES                      NO                      MAYBE

**What did you like best about our facility?**

---

**What did you like least about our facility?**

---

**Suggestions for improvement**

---



---



---