

General Patient Satisfaction Survey

Thank you for choosing our facility. Please take a moment to fill out this survey to help us improve our patient care and services. This form is designed to be printed and filled out by hand.

1. Patient and Visit Information

Patient Name:

Date of Visit:

Department / Doctor Seen:

2. Care and Experience Evaluation

Please rate the following aspects of your visit on a scale from 1 (Poor) to 5 (Excellent) by writing the number in the box:

Ease of scheduling your appointment:

Courteousness of the front desk staff:

Wait time before being seen by the provider:

Time spent by the provider listening to your concerns:

Clarity of instructions regarding medications or follow-up care:

Cleanliness and comfort of our facility:

Overall satisfaction with your healthcare experience:

3. Comments and Feedback

What did we do well during your visit?

What areas could we improve upon?

Would you recommend our practice to family and friends? (Write Yes or No):