Client Satisfaction Feedback

Please help us to improve our healthcare services by answering a few questions.

1. Date of visit? _____ (MM/DD/YY).

2. How did you hear about us?
   □ Friend/Family □Media □Other_____

3. How did you schedule your appointment?
   □ Telephone □ Walked in □ Online □ Other _____

4. Ease of scheduling appointment?
   □ Easy □ Difficult

5. At the appointment were you seen within reasonable time?
   □ Yes □No

6. Was waiting room comfortable?
   □ Yes □ No

7. Was receptionist pleasant /professional?
   □ Yes □ No

8. Was doctor pleasant /professional?
   □ Yes □ No

9. Were all questions answered to your satisfaction?
   □ Yes □ No

10. Best part of experience?
    _____

11. Quality of service?
    □ Excellent □ Fair □ Poor

12. Overall satisfaction?
    □ Very Satisfied □ Somewhat satisfied □ Disappointed

13. Will you recommend us to others?
    □ Yes □ No

14. Concerns/comments?

_____

_____

Contact Dr. Glasgow at 486-3978/459-2278 Email: tglasgow@doctor.com