

Initial Visit Survey

Please take this opportunity to rate our services by answering the following questions.

Unless otherwise indicated, rate our services in the following manner:

A-Excellent, B-Good, C-Average, D-Fair, F-Poor

About scheduling your first visit.

- _____ Was our receptionist friendly and helpful?
_____ Were you able to schedule your first visit at a prompt and convenient time?
_____ Was our receptionist able to give clear directions to our office?

About your first impression of our facility.

- _____ Were you greeted promptly upon arrival?
_____ Was our reception area comfortable and relaxing?
_____ After completing the paperwork, how long did you wait until you saw the doctor?
(_____ minutes) Was this excessive? ___ Yes ___ No

About the doctor. **Select: ___ <dr name 1> ___ <dr name 2>**

- _____ During the initial consultation, did the doctor listen to your concerns?
_____ Do you feel that the doctor understood your problem?
_____ Do you feel that the doctor performed a thorough exam?
_____ If any additional testing was needed (X-rays, lab, etc.), did the doctor clearly explain the value of the procedure before the test was ordered or performed?

What was your overall impression about:

- _____ The quality of our facility.
_____ The service from our staff.
_____ The service from the doctor.
_____ Would you recommend our services to your family and friends?

Please tell us about one aspect of your initial visit that we could improve upon.

Comments: _____

Name: _____

(optional)