



This survey is used to help improve the patient's experience. All responses are kept confidential and anonymous. Thank you for your time.

## Department Visited

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Dermatology               | <input type="checkbox"/> Obstetrics/Gynaecology | <input type="checkbox"/> Anaesthesiology | <input type="checkbox"/> Urgent Care      |
| <input type="checkbox"/> Neurosurgery              | <input type="checkbox"/> Internal Medicine      | <input type="checkbox"/> Cardiology      | <input type="checkbox"/> Cosmetic Surgery |
| <input type="checkbox"/> Surgery/Bariatric Surgery | <input type="checkbox"/> Paediatrics            | <input type="checkbox"/> Psychiatry      |   |

1. How satisfied were you with your experience with the receptionist/front desk?

- Very Satisfied    Somewhat Satisfied    Somewhat Dissatisfied    Very Dissatisfied    NA

2. How satisfied were you with the friendliness and professionalism of the nursing staff?

- Very Satisfied    Somewhat Satisfied    Somewhat Dissatisfied    Very Dissatisfied    NA

3. How would you rate the quality of the care you received from your doctor?

- Excellent    Good    Fair    Poor    NA

4. How well did the doctor answer your questions?

- Extremely Well    Very Well    Moderately Well    Slightly Well    NA

5. How satisfied were you with your experience with the Billing/Insurance Department?

- Very Satisfied    Somewhat Satisfied    Somewhat Dissatisfied    Very Dissatisfied    NA

6. How would you rate the overall appearance of the clinic? (Neat/Clean)

- Excellent    Good    Fair    Poor    NA

7. Overall how would you rate your experience?

- Very Positive    Somewhat Positive    Somewhat Negative    Very Negative    NA

8. Please tell us what, if anything, we can do to make future visits to our clinic more pleasant for you.

9. Any additional comments/suggestions/concerns. Feel free to use the back of this survey.

*Thank you for completing our survey.*