

Puri Pediatric Medical Group

Patient Satisfaction Survey

Please help us serve you better by completing this short survey. **You don't need to give us your name, unless you would like our office to contact you for any concerns.** Please give us our staff name, when possible.

Your Name:	
Patient Name:	
Date:	
E-mail:	
Phone:	
Comments, Concerns, Complaints, Suggestions:	

Please answer the following questions:	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Not Applicable
Was the scheduler (Name of Staff: _____) helpful in making your appointment?						
Did you get the appointment of choice?						
Was the scheduler friendly, warm and caring?						
Were you greeted warmly by the receptionist? (Name of Staff: _____)						
Did the receptionist explain everything at front including all forms and why you needed to fill them out?						
How was your wait in the waiting room?						
Was the back office (Name of Staff: _____) friendly, caring and were you explained about any delay and reasons?						
Did the back office staff introduce themselves and explain what they were doing and why? e.g. taking temperature, giving shots?						
Were you satisfied with your doctor visit?	Yes	No	Why?			
Were you overall satisfied with this visit?						
Would you recommend this office to your friends?	Yes	No	Why?			
Was the front office (Name of Staff: _____) helpful in making your return appointment at the checkout?						
Was the front office (Name of Staff: _____) helpful with directions for lab and x-ray, if needed?						
Additional comments:						
Were you happy with any staff member today?	Name of Staff:		Why?			
Were you dissatisfied with any staff member today?	Name of Staff:		Why?			
Thank you very much for taking time to complete this survey. We appreciate it very much.						