

Patient Questionnaire

As a valued patient, we respect your opinion on how well we are delivering that care. We would like you to take a few minutes to share your opinion with us on how your care today with

Dr. _____ met your needs. This survey is anonymous and your name will not be noted on this document. Please leave this form with your nurse before you leave the exam room or with the staff at the front desk. Thank you for helping us to identify ways that we can better serve you!

1. Do you feel that the doctor really understood and addressed the main purpose of your visit today? Yes _____ No _____

2. If additional tests were ordered today, do you understand what the tests are and why the doctor felt it was needed? Yes _____ No _____

3. If you received prescriptions, do you understand what the medicine is for, how and when to take it, and any problems that you should report to your doctor? Yes _____ No _____

4. Do you understand the details of your plan of care and follow-up? Yes _____ No _____

5. Did your doctor conduct himself/herself in a professional manner? Yes _____ No _____