

PATIENT SURVEY

As a patient of ours, your opinion is very important to us. Our ongoing commitment to providing the highest level of clinical care to our patients is something we take very seriously. Won't you please take a moment to share your experience with us? Your input will help us to continuously improve the quality of our healthcare. Thank you,

The Staff at Oregon Orthopedic & Sports Medicine Clinic

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| 1. Did you feel that the time you spent waiting to see your physician in the office was acceptable? | YES | NO |
| 2. Did the staff greet you and treat you with respect? | YES | NO |
| 3. If you made a special request to our staff (example: prescription, forms, call back, etc.) was the response timely? | YES | NO |
| 4. Do you feel your physician answered all of your questions? | YES | NO |
| 5. Would you recommend the care you received at this physician practice to a family member or friend? | YES | NO |
| 6. Do you feel the staff was attentive and helpful to your needs? | YES | NO |
| 7. Please give an overall evaluation of the care that you received: EXCELLENT / VERY GOOD / GOOD / AVERAGE / POOR | | |

COMMENTS:

Name (optional) _____