

G. ADDITIONAL INFORMATION:

Your Physician's name: _____

Patient name: _____
(optional)

Would you recommend this physician to family and friends (circle one) YES NO

If no, please tell us why: _____

If there is any way we can improve our services to you, please tell us about it: _____

Additional Comments: _____

Some information about you:

Gender: _____ Male _____ Female

Your Age (please circle):

- Under 18
- 18 - 30
- 31 - 40
- 41 - 50
- 51 - 60
- Over 60

Are You: _____ A new patient _____ A returning patient

Thank you for
your time and
have a
great day!



**Patient Satisfaction
Survey**

Your Opinion Matters

Our Mission Statement:

“Gulf Coast Medical Group’s Mission is to provide compassionate, high quality health care services for the entire family.”

www.gulfcoastmedicalgroup.net

Dear Patient,

We would appreciate your comments on your experiences in our facilities. Your responses will be kept strictly confidential. When you have completed the survey please return it to our staff. Thanks for your help.

Please rate the following by circling the number you feel applies based off the following :

Excellent Very Good Good Fair Poor

5 4 3 2 1

A. YOUR APPOINTMENT:

1. Ease of making your appointment:

5 4 3 2 1

2. Appointment available within a reasonable amount of time:

5 4 3 2 1

3. The efficiency of the check-in process:

5 4 3 2 1

4. Waiting time in the reception area:

5 4 3 2 1

5. Waiting time in the exam room:

5 4 3 2 1

6. Keeping you informed if your appointment time was delayed:

5 4 3 2 1

B. OUR STAFF:

1. The courtesy of the person who took your call:

5 4 3 2 1

2. The friendliness and courtesy of the front desk staff:

5 4 3 2 1

3. The caring/concern of our nurses/medical assistants:

5 4 3 2 1

Is there a specific employee who you think did an exceptional job and would like to see congratulated? Employee: _____

Comments: _____

C. OUR COMMUNICATION WITH YOU:

1. Your test results reported in a reasonable amount of time:

5 4 3 2 1

2. Our ability to return your calls in a timely manner:

5 4 3 2 1

3. Ability to contact us after hours:

5 4 3 2 1

4. Your ability to obtain prescription refills:

5 4 3 2 1

D. YOUR VISIT WITH THE PROVIDER:

1. Willingness to listen carefully to you:

5 4 3 2 1

2. Taking time to answer your questions:

5 4 3 2 1

3. Explaining things in a way you could understand:

5 4 3 2 1

4. The thoroughness of the examination:

5 4 3 2 1

5. Advice given to you on ways to stay healthy:

5 4 3 2 1

E. OUR FACILITY

1. Convenient hours of operation:

5 4 3 2 1

2. Overall comfort:

5 4 3 2 1

3. Cleanliness and general appearance of the office:

5 4 3 2 1

F. YOUR OVERALL SATISFACTION WITH:

1. Our practice:

5 4 3 2 1

2. The quality of your medical care:

5 4 3 2 1