



SOFFER HEALTH INSTITUTE

We would like to know how you as our valued patient feel about the services we provide so we can make sure we are meeting your needs. Your responses are directly responsible for improving our services.

<i>Please circle how well you think we are doing in the following areas:</i>	Excellent	Great	Good	Fair	Poor
About your Appointment	5	4	3	2	1
Ability to get in to be seen					
Experience with Telephone Communication					
About Your Medical Care, Physician and Staff	5	4	3	2	1
Timeliness of being seen at your appointment					
Time in exam room					
Waiting for tests to be performed					
Provider:(Including PA)					
Listens to you					
Takes enough time with you					
Gives you good medical advice					
The courtesy of the physician					
MA's And Front Desk :					
Friendly, Courteous and helpful to you					
Answers your questions					
Communication:					
Your phone calls answered promptly					
Getting advice or help when needed during office hours					
Our ability to return calls your calls in a timely manner					
About Our Facility	5	4	3	2	1
Adequate Parking					
The facility is clean and promotes a safe environment					
About Yourself	5	4	3	2	1
Likelihood of referring your friends and relatives to us					
Your overall satisfaction					
Gender	Male		Female		
I Am	New Pt		Est Pt		

What did you like best about our office? _____

What did you like least about our office? _____

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

Thank you for completing our survey!

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