

Eastside Gynecology & Obstetrics, PC

Patient Centered Medical Home

Patient Experience / Satisfaction Survey

We strive to provide a positive patient experience. As a value patient, your feedback is very important to help us provide the best possible healthcare services.

Please complete this brief survey related to your experience.

All responses are confidential, so please let us know what you think.

Place a check in the box under your response to the statements below.	Strongly Agree	Agree	Disagree	Not Applicable
The staff was helpful in scheduling my appointment with the physician.				
The wait time on the phone to schedule an appointment was reasonable.				
The amount of time it took for the staff to respond to my voice message was reasonable.				
I was greeted by the receptionist staff in a warm and friendly manner.				
The Medical Assistants were welcoming, polite and helpful.				
Other staff members/ departments were warm, caring and professional Example: Billing, Triage, results, boarding, ultrasound, mammogram, records and reception				
The wait time to get an appointment with the physician was reasonable				
Once I arrived for my visit, the wait time before seeing the physician was reasonable.				
The physician answered my concerns and questions.				
Please list any department that may not have been helpful or caring: _____ _____				
Overall, I am satisfied with the service from the office staff and physician.				

Additional Comments: _____

Date of Visit: _____

Thank you for your survey information.

03/2015