

Patient Satisfaction Survey

We would like to know how you feel about the services we provide so we can make sure we are meeting your needs. Your responses are directly responsible for improving these services. All responses will be kept confidential and anonymous. Thank you for your time.

Your Age: _____ Your Doctor: _____ Donald J. Darst, MD
 _____ Ryan K. Biga, DO
 Your Sex: _____ Male _____ Female _____ Kenneth L Blad, MD
 _____ Marge S. Bisenius, DO
 Your Clinic Location: _____ Oakview Medical Building _____ Phyllis J. Byrd, MD
 _____ Rebecca M. Lancaster, MD
 _____ The Wellness Place _____ James M. Ramig, MD
 _____ Toby A. Shinaut, MD
 _____ Patty J. Scholting, PA-C
 _____ Carmella N. Imig, MD
 _____ Mitchell S. Norfleet, PA-C

Please circle how well you think we are doing in the following areas:	GREAT 5	GOOD 4	OK 3	FAIR 2	POOR 1
Ease of getting care:					
Ability of appointments – able to get in to be seen	5	4	3	2	1
Prompt return calls	5	4	3	2	1
Waiting:					
Time in <i>waiting</i> room	5	4	3	2	1
Time in <i>exam</i> room	5	4	3	2	1
Coordination of Care:					
Provides timely information including labs, other test results, medication updates, and appointments with specialists.	5	4	3	2	1
Communicates timely with others involved in my care.	5	4	3	2	1
Staff:					
<i>Provider: (Physician, Physician Assistant or Nurse Practitioner)</i>					
Listens to you	5	4	3	2	1
Takes enough time with you	5	4	3	2	1
Explains what you want to know	5	4	3	2	1
Gives you good advice and treatment	5	4	3	2	1
<i>Nurses and Medical Assistants:</i>					
Friendly and helpful to you	5	4	3	2	1

Please circle how well you think we are doing in the following areas:	GREAT 5	GOOD 4	OK 3	FAIR 2	POOR 1
Front Desk:					
Friendly and helpful to you	5	4	3	2	1
Clinical Support Team:					
Friendly and helpful to you	5	4	3	2	1
Patient Portal:					
Ease of use and variety of services	5	4	3	2	1
The likelihood of referring your friends and relatives to us:	5	4	3	2	1

Do you consider this office your primary source of care? Yes _____ No _____

What do you like best about our clinic? _____

What do you like least about our clinic? _____

Suggestions for improvement? _____

Thank you for completing our Survey

