

Patient Survey

We aim to create an excellent patient experience. We would appreciate your input to inform us where we should focus our efforts to improve. Would you please complete our survey and place in the survey collection box. Thank you

Which office do you usually go to? Portsmouth Rochester York

Today's date:

I am: male female my age:

Please indicate the last time you were seen:

How many minutes did you have to wait to see the provider?

Which provider did you see?

Please circle the adjectives when answering the questions about your care with us.

POOR AVERAGE GOOD VERY GOOD EXCELLENT
comments

Phone system Based on your telephone contacts with our office over the past few months, how easy has it been for you to get through? How have you found our voice mail system?

POOR AVERAGE GOOD VERY GOOD EXCELLENT
comments

Office What is your impression of our office? How is the parking and outward appearance?

POOR AVERAGE GOOD VERY GOOD EXCELLENT
comments

Waiting areas How comfortable are our waiting rooms?
Music, magazines, space, cleanliness, cell phone use, privacy, infection control practices, food/drink policies

POOR AVERAGE GOOD VERY GOOD EXCELLENT
comments

Exam rooms- Clean and organized, comfortable, adequate seating

POOR AVERAGE GOOD VERY GOOD EXCELLENT
comments

About Your Visit

Were you able to schedule your initial and follow up appointments in a reasonable amount of time?

POOR AVERAGE GOOD VERY GOOD EXCELLENT
comments

When you called our office were you greeted in a friendly and courteous manner? Did you receive the advice and help you needed?

POOR AVERAGE GOOD VERY GOOD EXCELLENT

How was the experience when you arrived for your appointment? Were we welcoming and professional?

POOR AVERAGE GOOD VERY GOOD EXCELLENT Comments

When we verified your insurance and billing information, was it in done in a respectful and professional manner?

POOR AVERAGE GOOD VERY GOOD EXCELLENT Comments

If you had a question about your bill was the billing staff prompt in getting back to you, professional and helpful resolving the issue?

POOR AVERAGE GOOD VERY GOOD EXCELLENT
comments

Did the nursing staff welcome you in a polite and courteous manner?

POOR AVERAGE GOOD VERY GOOD EXCELLENT
comments

Did the nursing staff instruct you in a respectful, unhurried and professional manner?

POOR AVERAGE GOOD VERY GOOD EXCELLENT
comments

If you called to speak to a nurse did you receive the advice and help you needed?
Were you treated in a professional and caring manner?

POOR AVERAGE GOOD VERY GOOD EXCELLENT
comments

Do you feel the nurses are competent in the assessment, advice and techniques they administer?

POOR AVERAGE GOOD VERY GOOD EXCELLENT
comments

Did you feel the physician or nurse practitioner listened to you, showing respect and concern for what you had to say?

POOR AVERAGE GOOD VERY GOOD EXCELLENT
comments

Did the physician or nurse practitioner instruct you in a respectful, unhurried and professional manner?

POOR AVERAGE GOOD VERY GOOD EXCELLENT
comments

Did the physician or nurse practitioner spend enough time with you at this visit to discuss the problem you came in for?

POOR AVERAGE GOOD VERY GOOD EXCELLENT
comments

What, if anything, did you like least about your visit to our office?

What, if anything, did you like best about your visit to our office?

Please tell us what, if anything, we can do to make future visits to our office more pleasant for you.

Website

If you have been able to visit our website did you find it helpful? Is there something you would like to see added?

I would recommend your facility to others.

Yes

No