

2019 PATIENT SATISFACTION SURVEY

Name of Provider: _____

We are interested in receiving your feedback about the care provided at our office. We continuously strive to keep patient care and satisfaction in the center of our focus at Gettysburg Family Practice. If you are very dissatisfied in any area please provide details in the comments and concerns section below so that we can follow-up immediately with the appropriate plan of action. If you would like someone to contact you, please complete the following:

Name: _____ (Optional) Phone Number: _____ (Optional)

How Satisfied are you with the following?	Very Dissatisfied	Satisfied	Very Satisfied	Extremely Satisfied
1) Ease of making appointments for checkups, physical exams, well visits, and routine follow-up appointments?	1	2	3	4
2) Ease of making appointments for illness?	1	2	3	4
3) Ease in contacting your provider when our office is closed (nights and weekends).	1	2	3	4
4) The time it takes someone from our office to respond when you call with an urgent problem.	1	2	3	4
5) Waiting time in our office?	1	2	3	4
6) Ease in obtaining follow-up information and care (i.e., test results, medications, questions).	1	2	3	4
7) Overall medical care at Gettysburg Family Practice?	1	2	3	4
8) Our office's appearance?	1	2	3	4
9) Our office's convenience (location, parking, hours, office privacy)?	1	2	3	4
10) The way we teach you about improving your health?	1	2	3	4
11) The way your provider involves other providers and caregivers in your care when needed?	1	2	3	4
12) The way our front office staff attended to your needs?	1	2	3	4
13) The way our nursing staff attended to your needs?	1	2	3	4
14) The way our other departments attended to your needs? Specific Dept.(s)/Staff: _____ _____	1	2	3	4

Comments/Concerns: (Please note names of staff members if at all possible in order for us to better serve you)
