

FAMILY FOOT CLINIC, P.C.

PATIENT SATISFACTION FORM:

To assure that Family Foot clinic is meeting the needs of our patients and their families, we ask that you take a few minutes to complete and return the following form. Please answer as candidly as possible.

1. Did DR. Reese see you at the originally scheduled time? _____ yes _____ no.
If the answer was no, please answer how long you waited past your time.

_____ 5 – 10 minutes
_____ 11 – 20 minutes
_____ 21 – 30 minutes
_____ 31 minutes or longer

Did someone explain the reason for the delay?
Did someone offer to reschedule your appointment?

2. Were you treated courteously by the receptionist?
3. Was the reception/waiting room attractive, neat, and clean?
4. Was your condition, treatment and procedure explained in a satisfactory manner?
5. If you received instructions for home care, were they clear and easy to understand?
6. Would you recommend our practice to your friends and family?
7. Overall, how would you rate your experience as a patient in this practice?

Excellent Very Good Satisfactory Poor

Please post any comments:

We appreciate having you as a patient, and thank you for your help!