

MICHAEL J. HUETHER M.D., P.C.
PATIENT SURVEY

SCHEDULING

	Very Poor	Poor	Fair	Good	Very Good
1. Courtesy of the person who scheduled you	1	2	3	4	5
2. Knowledge/effectiveness of the person who scheduled you	1	2	3	4	5
3. Speed in answering and simplicity of phone system	1	2	3	4	5
4. Helpfulness & adequacy of pre-op information/brochures	1	2	3	4	5

SUGGESTIONS

UPON YOUR ARRIVAL

	Very Poor	Poor	Fair	Good	Very Good
1. Helpfulness of directions in finding our office	1	2	3	4	5
2. Courtesy of the person who checked you in	1	2	3	4	5
3. Comfort of waiting area	1	2	3	4	5
4. Magazine selection	1	2	3	4	5
5. Selection of refreshments for waiting area	1	2	3	4	5
6. Ease of registration process/forms	1	2	3	4	5
7. How long from your scheduled appointment time did you wait to see the doctor					
	under 15 minutes	<input type="checkbox"/>	15-30 min	<input type="checkbox"/>	over 30 min
					<input type="checkbox"/>

SUGGESTIONS

NURSES/MEDICAL ASSISTANTS

	Very Poor	Poor	Fair	Good	Very Good
1. Friendliness/courtesy of the nurses/medical assistants	1	2	3	4	5
2. Nursing staff attitude toward your requests	1	2	3	4	5
3. Amount of attention paid to your needs	1	2	3	4	5
4. How well staff kept you informed of progress	1	2	3	4	5
5. Skill of the nurses/medical assistants	1	2	3	4	5
6. Ability of staff to anticipate your needs	1	2	3	4	5
7. Appearance of the staff	1	2	3	4	5

SUGGESTIONS

PHYSICIAN

	Very Poor	Poor	Fair	Good	Very Good
1. Friendliness/courtesy of the physician	1	2	3	4	5
2. Amount of time physician spent with you	1	2	3	4	5
3. Physician's concern for your questions & worries	1	2	3	4	5
4. Extent to which physician talked with you using language you could understand	1	2	3	4	5
5. Skill of physician	1	2	3	4	5

SUGGESTIONS

DISCHARGE

	Very Poor	Poor	Fair	Good	Very Good
1. Adequate instructions about the care of the wound	1	2	3	4	5
2. Opportunity to have questions answered	1	2	3	4	5

SUGGESTIONS

BILLING SERVICES

	Very Poor	Poor	Fair	Good	Very Good
1. Billing office accuracy and effectiveness	1	2	3	4	5
2. Billing office courtesy	1	2	3	4	5

SUGGESTIONS

PERSONAL ISSUES

	Very Poor	Poor	Fair	Good	Very Good
1. Amount of privacy and respect shown during your visit	1	2	3	4	5
2. Response to concerns/questions raised during your visit	1	2	3	4	5
3. How well staff educated you about your condition	1	2	3	4	5
4. How well staff informed you about skin cancer prevention	1	2	3	4	5
5. Cleanliness of the office	1	2	3	4	5

SUGGESTIONS

OVERALL ASSESSMENT

	Very Poor	Poor	Fair	Good	Very Good
1. Overall cheerfulness of the office	1	2	3	4	5
2. Overall professionalism of the office	1	2	3	4	5
3. How well staff worked together to care for you	1	2	3	4	5
4. Efficiency with which the office seemed to operate	1	2	3	4	5
5. Likelihood of your recommending this office to others	1	2	3	4	5
6. Overall rating of care given at the office	1	2	3	4	5

SUGGESTIONS

What did you most like about your experience in our office?

What did you least like about your experience in our office?

If there is any way we could make your experience in our office better, please let us know:

If you've noted a complaint or suggested a change, would you like a follow-up phone call ?

YES NO

If so, please leave your name and phone number where we can reach you during the day:
