



JOHN G. McHENRY, M.D., M.P.H., P.L.L.C.

## PATIENT SURVEY OF STAFF AND PHYSICIANS

### To our valued patient:

It is the goal of our entire staff to provide our patients with the finest medical services and personal care. Your opinion will help us determine how well we are meeting this goal and in making any necessary changes. Please complete and mail this self-addressed, stamped survey within two weeks.

Physician Name \_\_\_\_\_

1. Is our staff courteous to you on the telephone?  Yes  No
2. When telephoning our office, have you been placed on hold for long periods of time?  Yes  No
3. When you need an appointment, how many days do you usually have to wait before one is available?  
 Same day       1-3 days       4-7 days       more than a week
4. Is our reception area pleasant and comfortable?  Yes  No
5. When you have a scheduled appointment, how long do you normally have to wait to see your physician?  
 Less than 15 minutes       15-30 minutes       30-60 minutes       More than 1 hour
6. Does your physician's staff treat you in a compassionate and professional manner?  Yes  No
7. Do you receive adequate information on the following office policies?  
Appointments       Yes       No      Medical Emergencies       Yes       No  
Office Hours       Yes       No      Payment for Services       Yes       No
8. Does your physician ask about all problems/conditions that affect your health?  Yes  No
9. Do you feel your physician listens to you and understands your problem(s)?  Yes  No
10. In discussing your diagnosis and treatment plan, do you feel that your physician tells you everything you need to know?  Yes  No
11. In discussing your diagnosis and treatment plan, do you feel that your physician explains it in a manner that is understandable to you?  Yes  No
12. Does your physician give you an opportunity to ask questions?  Yes  No
13. Does your physician adequately follow up on your concerns?  Yes  No
14. Does your physician give you written material (booklets, etc.) concerning your illness?  Yes  No
15. Do you feel our fees are reasonable?  Yes  No
16. Does our overall treatment meet your expectations of medical care?  Yes  No  
If no, please comment below.

Comments \_\_\_\_\_  
\_\_\_\_\_

17. What do you like most about our office? \_\_\_\_\_

18. What do you like least about our office? \_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_