



Patient Satisfaction Survey

Dear Patient:

We want you to be happy, as well as healthy. In order to achieve that goal, we need to know how you and the other women we serve view our practice. We also are interested in learning what changes, if any, you would recommend. We would be grateful if you would take a minute to complete this brief survey. Your anonymous answers will be very valuable to our ongoing effort to provide friendly, convenient, high-quality care. Thank you.

*Please print and complete this document (use back page if necessary) and **mail it to:***

Renee Wolf Foster

Practice Manager

83 Herrick Street, Suite 2004

Beverly, MA 01915

To better assist us please give the name of your provider.

_____ MD _____ NP _____ CNM _____

1. Would you recommend our practice to a friend or relative? Yes _____ No _____

Please tell us why you answered yes or no (use back of page if needed).

2. Please tell us which of the following areas meet your expectations:

<input type="checkbox"/> Scheduling	<input type="checkbox"/> Location	<input type="checkbox"/> Clinical Staff	<input type="checkbox"/> Billing Department
<input type="checkbox"/> Physician	<input type="checkbox"/> Call Nurse	<input type="checkbox"/> Surgical Secretary	<input type="checkbox"/> Parking
<input type="checkbox"/> Reception	<input type="checkbox"/> Education	<input type="checkbox"/> Medical Records	<input type="checkbox"/> Waiting Area

3. Please tell us which of the following areas need improvement:

<input type="checkbox"/> Scheduling	<input type="checkbox"/> Location	<input type="checkbox"/> Clinical Staff	<input type="checkbox"/> Billing Department
<input type="checkbox"/> Physician	<input type="checkbox"/> Call Nurse	<input type="checkbox"/> Surgical Secretary	<input type="checkbox"/> Parking
<input type="checkbox"/> Reception	<input type="checkbox"/> Education	<input type="checkbox"/> Medical Records	<input type="checkbox"/> Waiting Area

4. May we call or e-mail you?

Name: _____

Phone: _____

E-mail: _____