

PLEASE RATE THE FOLLOWING:

Check the appropriate box

A. YOUR APPOINTMENT:

1. I was able to make an appointment easily by phone
2. The person who took my call was courteous and helpful
3. When I called, I was able to schedule an appointment as soon as needed for my problem
4. When I arrived I was checked in and seen in a prompt and efficient manner

STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	N/A

Do you have any comments or suggestions to help us improve this process?

B. OUR FRONT DESK STAFF:

1. I was greeted promptly in a friendly and courteous manner by the receptionist.
2. I was able to understand and complete the patient information and insurance forms as requested
3. The patient service representatives were helpful and courteous
4. My insurance benefits and patient financial responsibility were explained satisfactorily
5. I was able to make a follow-up appointment when needed (if applicable)

STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	N/A

Do you have any comments regarding your interaction with the front desk staff?

C. OUR OPHTHALMIC ASSISTANTS:

1. The ophthalmic assistant introduced themselves and explained their role in the care process, the use of eye drops and reason for any necessary testing
2. They were attentive to concerns and reason for this appointment and answered questions effectively
3. The ophthalmic assistant made it easy to provide my medical information

STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	N/A

Do you have any comments regarding your interaction with the ophthalmic assistant?

D. YOUR VISIT WITH THE DOCTOR

1. The doctor was willing to carefully listen to my questions and concerns and answered them effectively
3. The amount of time and thoroughness of this examination met my expectations
4. The explanation of my current vision/eye health and options available were clear and easy to understand
5. Instructions regarding medication/follow-up care were clear and easy to understand

STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	N/A

SCOTT D. ALLEN MD AND ASSOCIATES, PC
PATIENT SURVEY

Do you have any comments regarding your interaction with the doctor?

F. YOUR OVERALL SATISFACTION WITH:

1. I feel this office working to meet my needs.

If not how can we improve your experience:

Would you recommend Dr. Allen to others? Why?

Did a specific staff member help make your visit even better? If so who was it and what did they do to make it better?

If there is any way we can improve our services to you, please tell us about it:

Was this your first visit at our office?

YES NO

SOME INFORMATION ABOUT YOU:

GENDER: circle one

Male
Female

AGE: circle one

Under 18		18-30		31-40
41-50		51-60		Over 60

Name and Date: optional