

PATIENT SATISFACTION SURVEY

Do you have any suggestions as to how we might improve our services to you?

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Please make any additional comments you would like us to know.

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OPTIONAL

If you would like someone from our practice to contact you about this survey or for other information, please print the following:

name _____

address _____

phone number _____

email address _____

Would you like to receive updates and information regarding Texas Retina via email?

Yes No

Thank you for participating in our survey.

Toll-free 800.695.6941 www.texasretina.com info@texasretina.com

PATIENT SATISFACTION SURVEY

To Our Valued Patient: Your opinion counts so we invite your comments. At Texas Retina Associates, our goal is to provide you with the highest quality eye care and patient safety. To help us serve you better, please take a few minutes today and complete our patient satisfaction questionnaire. Your responses are completely confidential and anonymous. Your input about our service to you allows us to utilize your opinions to make positive changes in our practice. We thank you in advance for completing our survey.

My appointment is with

Dr. _____ **1**

My appointment is at the

_____ **office (location)** **2**

The amount of time the doctor spent with me was adequate for my needs.

Yes **3**
 No

The physician treated me with dignity, respect and patience.

Yes **4**
 No

Why do you have an appointment with Texas Retina Associates?

New Patient Referred by another physician **5**
 Follow up visit as an established patient Other _____
(Please specify)

Who referred you to us?

Primary Care Physician Friend **6**
 Ophthalmologist Relative
 Optometrist Other?

How many days did you wait to get today's appointment?

_____ days (write in number) **7**

ARRIVAL AND CHECK IN

Did you wait past the time of your scheduled appointment? If so, how long?

_____ minutes (write in number) **8**

Were our financial policies clearly explained to you? How could this experience be improved?

Yes **9**
 No

Were you asked for your current insurance information?

Yes **10**
 No



Please rate the following aspects of your visit by circling the appropriate number after each statement below, according to this scale:

① Strongly Agree ② Agree ③ No Opinion ④ Disagree ⑤ Strongly Disagree

ARRIVAL AND CHECK IN

The person who set up my appointment was helpful, patient and courteous.

① ② ③ ④ ⑤ 11

The office location was convenient.

① ② ③ ④ ⑤ 12

Parking was convenient.

① ② ③ ④ ⑤ 13

Our receptionist was helpful, patient and courteous.

① ② ③ ④ ⑤ 14

The length of time I waited in the reception area was reasonable.

① ② ③ ④ ⑤ 15

My appointment was:

on time 15 minutes late 30 minutes late 16

OFFICE VISITS

The medical assistant who prepared me for my exam was friendly, patient and courteous.

① ② ③ ④ ⑤ 17

The physician gave me time to ask questions.

① ② ③ ④ ⑤ 18

The instructions I received about follow up care were clear and easy to understand.

① ② ③ ④ ⑤ 19

I was provided with written instructions for my follow up care.

① ② ③ ④ ⑤ 20

The follow up instructions I received were easy for me to understand.

① ② ③ ④ ⑤ 21

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OFFICE VISITS

The medical assistants showed concern for me as a patient.

① ② ③ ④ ⑤ 22

The reception area was clean and pleasant.

① ② ③ ④ ⑤ 23

The treatment room was clean and pleasant.

① ② ③ ④ ⑤ 24

The restrooms were clean and had necessary supplies.

① ② ③ ④ ⑤ 25

LAB/PROCEDURES

The lab/photography staff who helped with my care was friendly, patient and courteous.

① ② ③ ④ ⑤ 26

The lab staff explained what was going to happen during my procedure.

① ② ③ ④ ⑤ 27

The lab staff answered my questions until I was clear about my procedure.

① ② ③ ④ ⑤ 28

CHECK OUT AND DEPARTURE

Was our staff available and helpful to answer your questions about our billing procedures?

Yes
 No

The manner in which financial arrangements were made was professional.

① ② ③ ④ ⑤ 29

I would recommend Texas Retina Associates to my friends without hesitation.

① ② ③ ④ ⑤ 30

My visit would have been improved if

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