



Crowley Primary Care, LLC
1325 Wright Avenue Suite A
Crowley, LA 70526
PH: 337 783-4043

PATIENT SATISFACTION SURVEY

Dear Patient:

In an effort to improve our services, we are conducting a survey of our patients' perception of our office and the services we offer. We would very much appreciate it if you would consider taking a moment to complete this questionnaire. After completion, please return via email: cbihm@crowleyprimarycare.com, fax: (337)783-4053, or in person to the reception area. Thank you very much for helping us to better serve you.

1. First and Last Name (optional):

4. What is the date of your visit today?

2. How long have you been a patient of our doctors?

___ First visit

___ 1-5 years

___ 5-10 years

___ Over 10 years

5. Which physician did you see today?

6. What was your wait time in the reception area?

___ Less than 15 minutes

___ 15 to 30 minutes

___ More than 30 minutes

3. Why did you decide to seek medical treatment from our facility?

___ Recommendation from another patient

___ Referral from another physician

___ Referral by local medical society

___ Other: _____

7. How easy was it to make an appointment?

___ Very easy

___ Easy

___ Difficult

8. What was your wait time in the exam room?

Less than 15 minutes

15 to 30 minutes

9. Did the physician explain your problem and the treatment plan?

Yes

No

10. Did the physician provide you with adequate time for the visit?

Yes

No

11. How would you rate the telephone service of the practice?

Very Good

Good

Average

Poor

Very Poor

12. Did you understand the test/s you needed to take and/or treatment you needed to follow?

Yes

No

13. Were you satisfied with the quality of the medical treatment received?

Yes

No

14. Was our staff helpful and courteous?

Yes

No

15. What was your general impression of the office?

Nice

Average

Organized/Efficient

Disorganized

Please feel free to add any comments that you would like to share:

Thank you!