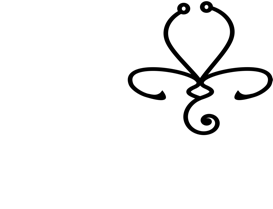
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**Crowley Primary Care, LLC**

**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](mailto: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):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**\_\_\_\_** First visit

\_\_\_\_ 1-5 years

\_\_\_\_ 5-10 years

\_\_\_\_ Over 10 years

1. **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **What is the date of your visit today?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Which physician did you see today?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **What was your wait time in the reception area?**

\_\_\_\_ Less than 15 minutes

\_\_\_\_ 15 to 30 minutes

\_\_\_\_ More than 30 minutes

1. **How easy was it to make an appointment?**

\_\_\_\_ Very easy

\_\_\_\_ Easy

\_\_\_\_ Difficult

1. **What was your wait time in the exam room?**

\_\_\_\_ Less than 15 minutes

\_\_\_\_ 15 to 30 minutes

1. **Did the physician explain your problem and the treatment plan?**

\_\_\_\_\_ Yes

\_\_\_\_\_ No

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

\_\_\_\_\_ Yes

\_\_\_\_\_ No

1. **How would you rate the telephone service of the practice?**

\_\_\_\_ Very Good

\_\_\_\_ Good

\_\_\_\_ Average

\_\_\_\_ Poor

\_\_\_\_ Very Poor

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

\_\_\_\_\_ Yes

\_\_\_\_\_ No

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

\_\_\_\_\_ Yes

\_\_\_\_\_ No

1. **Was our staff helpful and courteous?**

\_\_\_\_\_ Yes

\_\_\_\_\_ No

1. **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!**