

Adefris & Toppin Women's Specialists

PATIENT SATISFACTION SURVEY

It is our goal to give you the best possible medical care. To do that, it is important that we know your thoughts about the care you are receiving. We need to know the areas in which we are doing well and the areas we need to improve. Your comments are strictly confidential and results are used to accomplish quality improvement. When this form is completed please **fax the survey to 651-714-1264 or mail to 1875 Woodwinds Drive Suite 110, Woodbury MN 55125 Attn: Clinic Manager.** Please feel free to make any comments below:

1. Was this your first visit to our Practice?
Or a return visit?

2. Which doctor did you see at your appointment? Please circle one.
Wanda Adefris, M.D. Barbara Toppin, M.D.
Laura Andreson, D.O. Alix Crepeau, M.D.

3. Why did you decide to seek medical treatment at this Practice? Please check all that apply.

Sent by the emergency room
Referred by a friend
Selected the physician from my insurance list
Referred by workers' compensation
Referred by another provider
Near my office or home
Other _____

4. What is your current medical insurance company?

5. How many days in advance did you schedule your appointment?

6. Did you want to be seen sooner? Yes No

7. Was this appointment one that was rescheduled by this Practice? Yes No

8. When you called:
The phone was answered promptly
I was put on hold temporarily

9. The person who answered your call was (Please circle the best number, with "1" indicating discourteous and "5" indicating very courteous):
1 2 3 4 5

10. How were you treated when you arrived for your appointment? (Please circle the best number, with "1" indicating unpleasant to "5" indicating very pleasant.)
1 2 3 4 5

11. After you arrived, how long did you wait to see the provider? _____
12. The nurse or physician assistant seemed (Please circle the best number, with “1” indicating impersonal to “5” indicating very personal.)
 1 2 3 4 5
13. How did the ancillary staff (ultrasound technician or lab technicians) treat you? (Please circle the best number, with “1” indicating impersonal to “5” indicating very personal.)
 1 2 3 4 5
14. Were you satisfied with the time the provider spent with you? (Please circle the best number, with “1” indicating very dissatisfied to “5” indicating very satisfied.)
 1 2 3 4 5
15. Regarding the reason you were seen, did the provider show indifference or interest in your problem (Please circle the best number, with “1” indicating very dissatisfied to “5” indicating very satisfied.)
 1 2 3 4 5
16. The provider’s explanation of your condition and treatment was (Please circle the best number, with “1” indicating inadequate to “5” indicating excellent.)
 1 2 3 4 5
17. Were you satisfied with the overall medical treatment you received in this practice? (Please circle the best number, with “1” indicating very dissatisfied to “5” indicating very satisfied.)
 1 2 3 4 5
18. The business office staff was (Please circle the best number, with “1” indicating not helpful or courteous and “5” indicating very helpful and courteous):
 1 2 3 4 5
19. What do you think we do well at this practice?
20. What do we need to change to improve our service to patients?

If you would like someone to personally contact you about any concerns or questions you have, please complete the following:

Name: _____

Address: _____

Daytime Phone: _____