

Patient Survey Questionnaire

Dear Parent or Patient:

Our office strives to provide each patient with care and kindness. In an effort to continuously improve our services to all our patients, we request you take a few minutes to answer the following questions. Your complete honesty would be gratefully appreciated.

	<u>YES</u>	<u>NO</u>
1) Did you receive the courteous attention you expected?	_____	_____
2) Was the need for treatment adequately explained?	_____	_____
3) Were financial arrangements fully explained to you?	_____	_____
4) Were you kept informed of treatment progress?	_____	_____
5) Were we prompt in rendering treatment on each visit?	_____	_____
6) Did we explain and stress oral hygiene?	_____	_____
7) Did you or your child feel that you were treated gently?	_____	_____
8) Were we too “mechanically oriented” and not enough “person oriented”?	_____	_____
9) Was the telephone line open when you called?	_____	_____
10) With the understanding that few appointments can be made after school or work, was our receptionist pleasant, respectful and understanding?	_____	_____
11) Was our office neat, clean, and the décor pleasing?	_____	_____
12) On a scale of 1 to 10 (1 being <i>very unlikely</i> and 10 being <i>very likely</i>) how likely are you to refer your family or friends to our office? (circle your answer)		
	1	2 3 4 5 6 7 8 9 10

Pleasing things about our office:

Comments or suggestions for improvements in our office:

Please feel free to use the reverse side for any additional comments. Your signature is appreciated but not necessary. Please return this questionnaire as soon as possible. Thank you.