

Patient Survey for Dr. _____

At North Alabama Bone and Joint Clinic, we strive to meet the needs of our patients and their families. Please bring this survey with you to your appointment and complete it during your visit. We care about your experience and continue to strive to remain the leading provider of orthopedic care in North Alabama.

Please circle the number that corresponds with your answer.

1	2	3	4	5
Poor	Fair	Average	Good	Excellent

- | | | | | | |
|--|---|---|---|---|---|
| 1. When scheduling an appointment, I was able to see the physician in a reasonable amount of time from my request. | 1 | 2 | 3 | 4 | 5 |
| 2. The packet I received answered my questions prior to my appointment. | 1 | 2 | 3 | 4 | 5 |
| 3. The access to the office met my needs. | 1 | 2 | 3 | 4 | 5 |
| 4. The waiting room and patient areas were clean and free of clutter. | 1 | 2 | 3 | 4 | 5 |
| 5. The staff at the front desk was friendly and helpful. | 1 | 2 | 3 | 4 | 5 |
| 6. An employee assisted me or provided proper directions to navigate the facility. | 1 | 2 | 3 | 4 | 5 |
| 7. The clinical assistant was polite and easy to understand while assisting the physician. | 1 | 2 | 3 | 4 | 5 |
| 8. My physician spent an adequate amount of time with me to answer all of my questions. | 1 | 2 | 3 | 4 | 5 |
| 9. How would you rate our concern for your privacy? | 1 | 2 | 3 | 4 | 5 |
| 10. I would recommend North Alabama Bone and Joint to my family and friends. | 1 | 2 | 3 | 4 | 5 |

General Comments: _____

Thank you for taking the time to complete the patient survey. Please place it in the box at check-out.

Name (optional)