

Patient Satisfaction Survey



All feedback will be reviewed by the office manager and the physicians. Your answers will remain anonymous.

Which provider did you see?

- | | | |
|---|---|--|
| <input type="checkbox"/> James M. Burke , MD | <input type="checkbox"/> John S. Khoury , MD | <input type="checkbox"/> Jaime Brisendine , PA-C |
| <input type="checkbox"/> James H. Cook , MD | <input type="checkbox"/> Brad C. Klein , MD | <input type="checkbox"/> Cynthia Ferrari , PA-C |
| <input type="checkbox"/> Steven D. Factor , MD | <input type="checkbox"/> Kandan Kulandaivel , MD | <input type="checkbox"/> Christopher Hillery , PA-C |
| <input type="checkbox"/> Dan J. Gzesh , MD | <input type="checkbox"/> Kartik Sivaraaman , MD | |
| <input type="checkbox"/> Lee J. Harris , MD | <input type="checkbox"/> David C. Weisman , MD | |

Where was your appointment?

- Willow Grove
- Abington Hospital

Evaluate our performance in the following categories on a scale of 1 to 5.

1: Poor 2: Fair 3: Good 4: Very Good 5: Excellent

Rate your appointment:

- _____ Ease of making appointments by phone
- _____ Availability of appointment within a reasonable amount of time
- _____ Getting after-hours care when you needed it
- _____ Efficiency of the check-in process
- _____ Waiting time in the reception area
- _____ Waiting time in the exam room
- _____ Keeping you informed if your appointment time was delayed

Rate our staff:

- _____ Courtesy of person who took your call
- _____ Friendliness and courtesy of receptionist
- _____ The caring concern of our nurses/ medical assistants
- _____ Helpfulness of people who assisted you with billing or insurance

Rate our communication with you:

- _____ Promptly answering your phone calls
- _____ Getting advice or help when needed during office hours
- _____ Explanation of your procedure (if applicable)
- _____ Test results reported in a reasonable amount of time
- _____ Effectiveness of our health information materials
- _____ Returning your calls in a timely manner
- _____ Your ability to contact us after hours
- _____ Your ability to obtain prescription refills by phone

Continued on the next page...

Rate your visit with your provider (doctor, physician assistant, or nurse practitioner):

- _____ Willingness to listen carefully to you
- _____ Taking time to answer your questions
- _____ Amount of time spent with you
- _____ Explaining things in a way you could understand
- _____ Instructions regarding medication / follow-up care
- _____ Thoroughness of the examination

Rate our facility:

- _____ Hours of operation convenient for you
- _____ Overall comfort
- _____ Adequate parking
- _____ Signage and directions easy to follow

Rate your overall satisfaction:

- _____ Satisfaction with our practice
- _____ Satisfaction with the quality of your medical care
- _____ Satisfaction with care from your provider

Would you recommend your provider to others?

- Yes
- No

If you answered No, please tell us why:

If there is any way we can improve our service, please tell us how:

This form is anonymous, but we'd like to know some general demographic information about you.

What is your gender?

- Male
- Female
- Other/Non-binary

What is your age group?

- Under 18
- 18-30
- 31-40
- 41-50
- 51-60
- 60+

Was this your first appointment, or have you visited us before?

- New patient
- Returning patient

Thank you for taking the time to fill out this form. We look carefully at all of the feedback we receive.