



## Patient Satisfaction Survey

1	Was your appointment scheduled at a time convenient for you?				Yes	No
2	Were you able to easily find our office?					
3	Was the information given by our staff helpful?					
4	How did you feel about the amount of time you waited for your appointment?					
		What I expected	Less time	Longer than expected		
5	If your appointment was delayed was the reason for the delay explained?					
6	Were you kept informed as to your appointment status?					

Compare us to your other medical experiences.						
How would you rate the following?		Excellent	Good	Average	Fair	Poor
7	Pre-visit assistance and information					
8	Sign-in registration					
9	Parking availability					
10	Appearance of clinic					
11	Comfort during visit					
12	Overall quality of your experience					
13	Attitude of staff					
14	Fees					
How would you rate your interaction with Dr. Calvo in the following areas?		Excellent	Good	Average	Fair	Poor
15	Addressing your medical concerns					
16	Physical exam					
17	Time management					
18	Therapeutic regime					
19	Explanation of your case and care plan					
20	Approachability					
21	Your suggestions and comments:					
22	Optional:					
	Name			Phone		
	Address			City		
23	Do you mind if we call you about your response?					
*Please comment on any no answers.						
Thank you very much for your response. Your evaluation will help us make a difference.						