



PATIENT SATISFACTION SURVEY FORM

Committed to excellence in the care and recovery of our patients and the communities we serve through superior private healthcare service

Please circle the answer that best suits you	Patient Name:.....
Please select only one answer per question	Date of Visit:.....
5 = Excellent 4 = Good 3 = Average 2 = Below average 1 = Poor	

Zens medical family appreciates and welcomes your feedback					
1 Appointment Scheduling					
1.1	Were you able to schedule an appointment when you needed one?	5	4	3	2 1
1.2	Were you given options for appointment times?	5	4	3	2 1
2 Environment					
2.1	Were directions to office adequate?	5	4	3	2 1
2.2	Was the waiting area clean and orderly?	5	4	3	2 1
2.3	Was the examination room clean and orderly?	5	4	3	2 1
3 Patient Care Staff					
3.1	Was the front desk staff courteous,friendly and caring?	5	4	3	2 1
3.2	Was the nursing staff courteous,friendly and caring?	5	4	3	2 1
3.3	Was the staff prompt in responding in your needs?	5	4	3	2 1
3.4	Were you treated with respect and dignity?	5	4	3	2 1
3.5	Was the staff concerned for your comfort and privacy?	5	4	3	2 1
4 Doctor					
4.1	Did the doctor see you at appropriate time?	5	4	3	2 1
4.2	Was the doctor courteous and caring?	5	4	3	2 1
4.3	Did the doctor keep you informed about tests and treatments?	5	4	3	2 1
4.4	Were you given clear instructions, follow ups and education on your conditions?	5	4	3	2 1
5 Overall					
5.1	How would you overall rate your experience with our practice?	5	4	3	2 1
5.2	Would you return to our facility in future?	5	4	3	2 1
5.3	Would you recommend this facility?	5	4	3	2 1

Comments

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*Please drop these forms at the reception in the designated patient survey box.
You can also email this form to finance@zensmedical.com*