

JEFFERSON COMPREHENSIVE HEALTH CENTER, INC.

Patient Satisfaction Survey

Your opinions about how we do our jobs are very important to us. We want to be sure that we are meeting your health care needs in every way we can. You can help us by taking a minute to fill out this survey.

How long have you been a patient of Jefferson Comprehensive Health Center? _____

Please check the name of the provider/nurse practitioner you see on a regular basis:

Moses Young, MD	_____	Ronald Frye, MD	_____
Bernadette Sherman, MD	_____	Linda Hawkins, CFNP	_____
Lee George Campbell, DDS	_____	Rashandra Fisher-Laws, CFNP	_____
Crystal Cook, CFNP	_____	Linda Hawkins, CFNP	_____
Peter Ojong,	_____	Paula Dobard	_____

How did you find out about us? (Please give the appropriate answer).

Employer	_____	Friend	_____	Another Physician/Dentist	_____
School	_____	Relative	_____	Hospital	_____
Insurance Directory	_____	Other	_____		

Please provide us with the name of the individual, or the title of the source that referred you to Jefferson Comprehensive Health Center:

Please check the response that best represents your feeling:

Survey Questions	Very Satisfied	Satisfied	Dis-Satisfied
Convenient or easy to schedule an appointment for the time I wanted			
Helpful and friendly receptionist			
Professional and clean appearance of clinic			
Waiting time to see the provider/nurse after I arrive for my schedule appointment.			
Helpful and professional nursing staff.			
The amount of time the provider/nurse spend with me/my family member.			
The provider/nurse concern and explanation about my problem or illness.			
The comfort to discuss my problem with the provider /nurse.			
The attention to patient safety.			
The effectiveness of pain management (when pain is identified.).			
Clear understanding of the instructions and treatment plan given to me by the provider/nurse.			
Clear explanation of the billing and payment procedures.			

Would you recommend this medical group to a friend or relative? _____ Yes _____ No

Comments or suggestions:

Thank You.

Optional:

Name: _____

Phone Number: _____