APEX PHYSICIANS
INFECTIOUS DISEASES SPECIALISTS
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Patient Feedback Form

To all patients and families of our patients, we would like to extend this opportunity to you by providing feedback to us in an effort to improve on our services. Your information will be kept confidential and you will only be contacted if you desire us to do so. Thank you for taking the time to fill this questionnaire out and allowing us the opportunity to serve you better.

1) What was the purpose of your visit to the Hospital and /or our office/clinic?

2) How was your experience in making your appointment at our office/clinic?

- ○ **Very satisfied**
- ○ **Somewhat satisfied**
- ○ **Undecided**
- ○ **Somewhat dissatisfied**
- ○ **Very dissatisfied**

3) Satisfaction with the way you were treated by the medical assistants at our office/clinic?

- ○ **Very satisfied**
- ○ **Somewhat satisfied**
- ○ **Undecided**
- ○ **Somewhat dissatisfied**
- ○ **Very dissatisfied**

4) How satisfied were you with the way you were treated by your nurse in the hospital?

- ○ **Very satisfied**
- ○ **Somewhat satisfied**
- ○ **Undecided**
- ○ **Somewhat dissatisfied**
- ○ **Very dissatisfied**

5) How satisfied were you with the way you were treated by your Doctor in the hospital & our clinic?

- ○ **Very satisfied**
- ○ **Somewhat satisfied**
- ○ **Undecided**
- ○ **Somewhat dissatisfied**
- ○ **Very dissatisfied**

6) The amount of time you had to wait before being seen by the Doctor in our office/clinic?

- ○ **Very satisfied**
- ○ **Somewhat satisfied**
- ○ **Undecided**
- ○ **Somewhat dissatisfied**
- ○ **Very dissatisfied**

7) Amount of time you had to wait before having your labs drawn at _____(facility name)?

- ○ **Very satisfied**
- ○ **Somewhat satisfied**
- ○ **Undecided**
- ○ **Somewhat dissatisfied**
- ○ **Very dissatisfied**

8) Satisfaction with your phlebotomy experience at _____(facility name)?

- ○ **Very satisfied**
- ○ **Somewhat satisfied**
- ○ **Undecided**
- ○ **Somewhat dissatisfied**
- ○ **Very dissatisfied**

9) Amount of time you had to wait before having your X-rays performed at _____(facility name)?

- ○ **Very satisfied**
- ○ **Somewhat satisfied**
- ○ **Undecided**
- ○ **Somewhat dissatisfied**
- ○ **Very dissatisfied**

10) Satisfaction with your Radiology experience at _____ (facility name) ?

- ○ **Very satisfied**
- ○ **Somewhat satisfied**
- ○ **Undecided**
- ○ **Somewhat dissatisfied**
- ○ **Very dissatisfied**

11) Your visit to our office/clinic was a pleasant experience.

- ○ **Strongly agree**
- ○ **Agree**
- ○ **Undecided**
- ○ **Disagree**
- ○ **Strongly disagree**

11) Would you mind if we contacted you regarding any of the above issues?

- ○ **Yes**
- ○ **No**
- ○ **Does not matter**

Additional comments (satisfaction/ dissatisfaction) of the care provided by Dr. Asbury and/or Staff:

_____
_____
_____
_____
_____

Optional Information. (Confidentiality Assured)

Your Name):_____
(PLEASE PRINT)

Number where you can be contacted :(_____) _____
Best hours to contact you: _____AM_____PM