

Patient Satisfaction Survey

We appreciate being able to serve you. Please take a few minutes to fill out the following confidential questionnaire and return it to us. The information you provide will help us continue to improve the care you receive.

MEDICAL PROVIDER FOR THIS VISIT:

- Ken Jenks, PA-c David Olson, MD Beth Brown, FNP Tiffany Ordonez, MD Nursing

Comments _____

MEDICAL HOME

Where do you receive your primary care: Basin Clinic _____ Other local provider _____ Out of area _____

YOUR MEDICAL PROVIDER

	GREAT	GOOD	OK	FAIR	FAIR	N/A
Your concerns were heard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Answered your questions to your satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spent adequate time with you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided appropriate advice, treatment & referral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments _____

NURSING STAFF

	GREAT	GOOD	OK	FAIR	POOR	N/A
Helpful and pleasant interaction with you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services provided were skillful and professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments _____

APPOINTMENTS & REGISTRATION

	GREAT	GOOD	OK	FAIR	POOR	N/A
Front Desk staff was friendly and helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Answered questions to your satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wait time (waiting room or after roomed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CIRCLE

ADDITIONAL COMMENTS: What changes/improvements would make Basin an even better clinic for you?

Over

FACILITY

	GREAT	GOOD	OK	FAIR	POOR	N/A
Was the building neat and clean?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was your privacy maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How would you say this facility compares with other facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What is your overall satisfaction with the facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BASIN CLINIC BILLING

	GREAT	GOOD	OK	FAIR	POOR	N/A
Did you find your Basin Clinic bill to be user friendly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did we bill your insurance correctly/timely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you recommend Basin Clinic to a friend or family member: Yes_____ No_____
Overall I am satisfied with the care I receive at Basin Clinic: Yes_____ No_____

YOUR FEEDBACK PLEASE

What other feedback can you give us to help provide you with the care and services you would like?
