

Arp Foot & Ankle Clinic, PA
Patient Satisfaction Survey - Dr Eric A. Arp

In order for us to better meet your needs in the future, could you take a few moments to complete the patient satisfaction form below and mail it to our office in the self-addressed stamped envelope provided. We appreciate having you as a patient and thank you for your help!

1. Did the doctor see you at your originally scheduled time? _____ Yes _____ No
(If you answered "yes", please proceed to question (2).

a. If you answer "no" to question (1), please mark how long you waited past your initial appointment time.

_____ 5-10 minutes _____ 11-20 minutes _____ 21-30 minutes _____ Longer

b. Did someone explain the reason for the delay?

c. Did someone offer to reschedule your appointment?

2. How long did you wait to get an appointment? _____

Please rate the following as "Excellent" "Good" "Fair" "Poor" or "Doesn't Apply"

3. Getting through to the office by telephone.

Excellent Good Fair Poor Doesn't Apply

4. The personal manner (courtesy, friendliness, etc.) of the staff.

Excellent Good Fair Poor Doesn't Apply

5. Time spent with the doctor.

Excellent Good Fair Poor Doesn't Apply

6. Explanation of what was done (conditions, treatments, and procedures) for you.

Excellent Good Fair Poor Doesn't Apply

7. If you received instructions for home care, were they clear and easy to understand?

Excellent Good Fair Poor Doesn't Apply

8. The visit overall.

Excellent Good Fair Poor Doesn't Apply

9. Value of overall medical care during visit.

Excellent Good Fair Poor Doesn't Apply

10. What is the likelihood that you would recommend this practice to family and friends.

Excellent Good Fair Poor Doesn't Apply

11. If you had a surgical procedure, were you satisfied with your results.

Excellent Good Fair Poor Doesn't Apply

12. If you had a surgical procedure, was the procedure and consent form explained to your satisfaction?

Excellent Good Fair Poor Doesn't Apply

Please use the space below or a separate sheet of paper to add any other comments that may help us in serving you better in the future.

Name (Optional) _____