

Patient Survey

Here at Stanislaus Orthopaedic and Sports Medicine Clinic (SOSMC) it is our goal to guarantee the best patient care possible. We recognize your needs and comfort are very significant and it is our utmost priority to ensure that you receive the best treatment. In order for us to accomplish these goals, we ask that you take a few minutes during your office visit to complete this patient survey below. With this information, we at SOSMC will be better informed on the patient needs/concerns and how to make your office visit a pleasurable one!
Please rate the following questions:

Name: _____ Date: _____ Doctor: _____
(Optional)

How did you hear about us: **Internet** **Yellow Pages** **Referral** **Advertisement**
(Please circle one)

If Doctor Referral, which Doctor: _____

AGREE DISAGREE

- You received a phone call and/or message to confirm your appointment
Comments: _____
- Your initial impression of the office was a positive one and you felt comfortable in the lobby area
Comments: _____
- You were promptly and pleasantly greeted at the registration desk by our front office staff
Comments: _____
- The exam room was clean, organized and you felt comfortable in the room
Comments: _____
- Your patient care (nursing staff) were reassuring, thorough, and pleasant
Comments: _____
- The nurse answered all of your questions in regards to your office visit, surgery Information and/or diagnostic testing
Comments: _____
- Your doctor was thorough, answered all of your questions and spent a sufficient amount of time assessing your issue
Comments: _____
- Your wait time either in the front and/or back office was satisfactory
Comments: _____
- Once your office visit was complete, you were pleasantly greeted by our check-out desk
Comments: _____
- As you departed SOSMC, you felt well-informed and content with your patient care
Comments: _____

What was your overall experience of your office visit? (Check one)

- Excellent Pleasant Average Unpleasant Terrible

Do you have any ideas or suggestions that may help improve the services and care you received?

Thank you for taking the time to complete this survey. We appreciate your assistance assuring quality care for our patients!