

Patient Care Survey

PRINT THIS FORM AND DROP IN LOCK BOX OR MAIL THE FORM

In an effort to continuously improve the quality of care we provide our patients, Grout Family Dentistry conducts this survey to learn what we did well and where we can improve. Please take a moment to fill out this one page questionnaire and then **place the completed survey in the locked return box** on your way out or drop it in the mail. Your answers will be strictly **confidential**, and no one at this office will see your individual comments.

First, how did you hear about us?
(MARK ALL THAT APPLY)

Yellow Pages	Referral from Doctor	Referral from Mail	Friend/Relative	Web Site	Radio
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please answer the following questions about your experience on this specific visit.

1. How satisfied were you with the amount of time you had to wait for an APPOINTMENT?	Extremely Satisfied	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Were you satisfied with the way your needs were handled over the PHONE?	Extremely Satisfied	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. When you arrived at our office, how satisfied were you with the friendliness, courtesy and professionalism of the FRONT DESK PERSONNEL?	Extremely Satisfied	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How satisfied were you with the COMFORT OF THE RECEPTION AREA?	Extremely Satisfied	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. How satisfied were you with the length of time you WAITED in the reception area?	Extremely Satisfied	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. How satisfied were you with the friendliness, courtesy and professionalism of our chairside assistants and/or doctors?	Extremely Satisfied	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Did you understand instructions following treatment?				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
8. Were you clear as to the discussion concerning treatment, fees and our payment plan?				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
9. Were you given undivided and caring attention?				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
10. Were all of your questions answered?				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
11. Were we attentive and responsive to your needs?				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
12. Did you fully understand post-op instructions?				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
13. OVERALL how satisfied were you on this visit?	Extremely Satisfied	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. How likely would you be to RECOMMEND US to a friend or family member?	Highly Recommend		Recommend with Qualifications		Discourage Using
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

15. How was the dental treatment and care you received?

Do you have any suggestions about how we can improve?

If you have any questions or concerns you would like to discuss, please provide your name and phone number.

Date ____/____/____