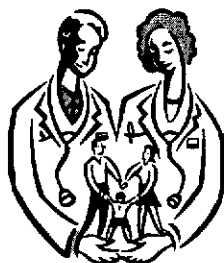


IF YOU HAVE COMPLETED A SURVEY WITHIN THE PAST 3 MONTHS, PLEASE DISREGARD.
PLEASE RETURN TO YOUR HEALTH CENTER
 OR
 FAX TO: 410-248-2657



“Your Partners in Good Health”

Potomac **P**hysicians, P.A.

NAME OF PATIENT: _____ HEALTH CENTER: **SECURITY HEALTH CENTER**
 NAME OF PATIENT'S PCP: _____ DATE OF VISIT WITH PCP: _____
 PATIENT'S AGE: 0-18YRS _____ 19-64YRS _____ 65+YRS _____ INSURANCE: _____

PLEASE RATE YOUR SATISFACTION WITH YOUR PCP AND PCP OFFICE BY CHECKING THE APPROPRIATE BOX FOR EACH QUESTION. THEN, PLEASE FOLD THE QUESTIONNAIRE AND RETURN IT TO THE RECEPTIONIST.

	STRONGLY AGREE	AGREE	NA	DISAGREE	STRONGLY DISAGREE
1. You were able to schedule a timely appointment with your PCP when you called the Health Center.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The receptionist handled your request for an appointment promptly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Upon arrival at the office, the staff greeted you timely and in a friendly manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The office was clean, neat and well organized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The amount of time you spent waiting to see your provider/physician was reasonable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The nurse/medical assistant was friendly and attentive to your needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The provider/physician listened and addressed your questions and health care concerns satisfactory.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. You were informed of the results of your lab work or other tests within a reasonable time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. If you were sent to a specialist, you received your referral timely. If you called for a prescription refill, it was handled timely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Overall, you are satisfied with the quality of care and services you received from your PCP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Overall, you are satisfied with the quality of care and services you received from our office staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. You would recommend this PCP/office to your family and friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: _____

