

IF YOU HAVE COMPLETED A SURVEY WITHIN THE PAST 3 MONTHS, PLEASE DISREGARD

“Your Partners in Good Health”

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

NAME OF PATIENT: _____ 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		STRONGLY		
	DISAGREE	DISAGREE	AGREE	AGREE
				NA

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

and friends.

13. Please let us know how we can serve you better.

14. In support of the Whole Person (physical, emotional, psychological) concepts, what other services would you like to receive information about?
