

PEACE VALLEY INTERNAL MEDICINE, PC.

Patient Satisfaction Survey

Please take a moment to help us improve your experience at Peace Valley Internal Medicine. Circle your responses that best describe your experience. When you're done, please drop the questionnaire off at checkout

Please select: Age: 18-30 30-50 50-65 65+
 Male Female
 New Patient Established Patient

Which provider did you see today? Dr Abramowitz Dr Shaw Dr Purcell
 Rene Curry,CRNP Jennifer Shoup, CRNP Kate West-Mohr CRNP

	Very Poor	Poor	Fair	Good	Very Good
	1	2	3	4	5
ACCESS					
Ease of making appointment for checkups (physicals exam, well visits, routine follow-up appointments)	1	2	3	4	5
Ease of making sick/urgent appointments	1	2	3	4	5
How is our timeliness in returning your phone call?	1	2	3	4	5
COMMUNICATION					
How would you rate the service you received from the front desk staff?	1	2	3	4	5
Friendliness and helpfulness of the nurse	1	2	3	4	5
Friendliness and helpfulness of the doctor/practitioner	1	2	3	4	5
Did your doctor/practitioner explain things in a way that was easy to understand?	1	2	3	4	5
How well did your doctor/practitioner answer your questions?	1	2	3	4	5
Explanation of medications and/or test results (if applicable)	1	2	3	4	5
CARE COORDINATION					
Did your doctor/practitioner seem to know the important information about your medical history?	1	2	3	4	5
Did your doctor/practitioner seem informed and up to date about the care you receive from other care providers?	1	2	3	4	5
WHOLE PERSON ORIENTATION					
Information the doctor/practitioner gave you about healthy habits (i.e. Exercise, eating healthy etc.)	1	2	3	4	5
Doctor/practitioner effort to include you in decisions about your treatment.	1	2	3	4	5
OVERALL					
How well the staff worked together to care for you	1	2	3	4	5
Likelihood of you recommending our practice to others	1	2	3	4	5
Overall, how satisfied were you with this visit?	1	2	3	4	5

Do you have any suggestions on how we can improve our services?

If you would like someone to contact you, Please complete the following:

Name: _____ Phone number: _____