JOHN G. McHENRY, M.D., M.P.H., P.L.L.C.

PATIENT SURVEY – RATINGS

As a patient, you are the best judge of the quality of care and service we provide. In an effort to improve our care, we would appreciate your taking a moment to complete this survey.

Access	Excellent	Very Good	Good	Fair	Poor	N/A
Ease of scheduling appointment	5	4	3	2	1	0
Ease of locating doctor's reception area	5	4	3	2	1	0
Convenience of clinic hours	5	4	3	2	1	0
Efficiency of registration and admitting process	5	4	3	2	1	0

Medical Office Environment	Excellent	Very Good	Good	Fair	Poor	N/A
Office staff was professional and helpful	5	4	3	2	1	0
Office staff was willing to assist with questions regarding billing issues	5	4	3	2	1	0
Waiting time in the office to see the doctor	5	4	3	2	1	0

Quality of Physician Care	Excellent	Very Good	Good	Fair	Poor	N/A
How courteous & respectful was the doctor?	5	4	3	2	1	0
How well did the doctor understand your problem?	5	4	3	2	1	0
How well did the doctor explain to you what he/she was doing and why?	5	4	3	2	1	0
Did you receive sufficient information to care for yourself at home?	5	4	3	2	1	0
Did the doctor spend enough time with you?	5	4	3	2	1	0
How much confidence do you have in your doctor's ability to diagnose and treat your condition?	5	4	3	2	1	0

Final Rating	Excellent	Very Good	Good	Fair	Poor	N/A
Rate the overall quality of care and services provided	5	4	3	2	1	0

Would you recommend us to your family and friends? Yes _____ No _____

If your health plan did not include our office, would you change to one that did? Yes _____ No _____

Name of physician: _____

Who referred you? Ophthalmologist _____ Family Physician _____ Optometrist _____
Friend / Family _____ Self _____

Comments: _____

_____

Your Name (Optional) _____ Telephone _____

Address _____ City/State _____ Zip _____