

# PATIENT SATISFACTION SURVEY

## Castleman Eye Center

1. When you arrived at the office, did you find the receptionist in our office:  
Friendly and Courteous?      Yes      No  
Helpful?      Yes      No
  
2. Was the amount of time spent in the **reception area and/or exam room** acceptable?  
Yes      No  
How long was your wait? Reception area \_\_\_\_\_ Exam room \_\_\_\_\_
  
3. When you were called to the examining room, did you find our technician:  
Friendly and Courteous?      Yes      No  
Competent and Professional?      Yes      No  
Sympathetic & Caring?      Yes      No
  
4. During your examination, did you find the doctor to be:  
Friendly and Courteous?      Yes      No  
Competent and Professional?      Yes      No  
Sympathetic & Caring?      Yes      No
  
5. Did the doctor spend an appropriate amount of time with you, answer your questions and explain medical procedures to your satisfaction?      Yes      No
  
6. Were you satisfied with the doctor's diagnosis and treatment recommendations?      Yes      No
  
7. If surgery was recommended, did the doctor/technician discuss with you in detail information about the need for surgery and recommended procedure(s)?      Yes      No
  
8. If surgery was recommended, did you find our surgical counselor to be:  
Friendly and Courteous?      Yes      No  
Competent and Professional?      Yes      No  
Sympathetic & Caring?      Yes      No
  
8. Did you find that visiting our office was a positive eye care experience?      Yes      No
  
9. Would you recommend our eye care practice to your friends/family?      Yes      No

Additional Comments:

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Suggestions for Improvement:

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*May we use your comments on our website, on line reviews, facebook page?*      YES      NO

*If yes, we will use your First Name and Last Initial only and city.*

*First Name* \_\_\_\_\_ *Last Initial* \_\_\_\_\_ *City* \_\_\_\_\_

*Thank you for your feedback!*