



### PATIENT QUESTIONNAIRE

Note: Items marked with " \* " are optional.

\*Name: .....

\*Telephone:..... \*e-mail.....

- 1. Did you have any difficulties getting an appointment?  Yes  No
- 2. Did the receptionist introduce him/herself on the phone?  Yes  No
- 3. Was the receptionist friendly (pleasant) on the phone?  Yes  No
- 4. Was your wait in the waiting room long?  Yes  No
- 5. If yes, were the reasons for your wait explained to you?  Yes  No
- 6. If this is your first visit, did staff members identify themselves by name and job title?  Yes  No
- 7. Were the staff members courteous and professional?  Yes  No
- 8. Did the physician discuss your problem?  Yes  No
- 9. Did you understand the explanation?  Yes  No
- 10. Were treatments or instructions fully explained to you?  Yes  No
- 11. Did you understand those explanations ?  Yes  No
- 12. Were you given enough privacy?  Yes  No
- 13. Were our billing policies explained to you clearly?  Yes  No
- 14. Would you recommend our practice to a friend or a relative?  Yes  No
- 15. Please complete the following statements:

I chose to come to you today because.....

One improvement I'd like to see is.....

I wish you would.....

I wish you or your staff would.....

Is there anything else you'd like to say?.....

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