First Circle Medical Center

THE SNYDER FOUNDATION INC. · BOARD-APPROVED POLICY & PROCEDURE

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YOUR FEEDBACK

Patient Satisfaction Survey

Purpose

To gather patient feedback on their experience at First Circle Medical Center, supporting the QI/QA program requirement to assess patient satisfaction. Offer this survey after visits (paper, portal, or verbally) on a regular sampling basis.

Visit Date: _____

Provider Seen: _____

1. How easy was it to schedule this appointment?

- ☐ Very Easy
- ☐ Easy
- ☐ Difficult
- ☐ Very Difficult

2. How long did you wait to be seen?

- ☐ On time
- ☐ Under 15 minutes
- ☐ 15 to 30 minutes
- ☐ Over 30 minutes

3. How would you rate the courtesy and respect shown by our front desk staff?

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

4. How would you rate the courtesy and respect shown by your provider?

- ☐ Excellent
- ☐ Good
- ☐ Fair

- ☐ Poor

5. Did your provider explain things in a way you could understand?

- ☐ Yes
- ☐ Somewhat
- ☐ No

6. How likely are you to recommend First Circle Medical Center to a friend or family member?

- ☐ Very Likely
- ☐ Likely
- ☐ Unlikely
- ☐ Very Unlikely

7. Is there anything we could have done better today?

_____

_____

8. Additional comments:

_____

_____

For Office Use

Entered into QI/QA tracking by (Name/Date): _____

Flagged for follow-up? ☐ Yes ☐ No (if yes, route to QI/QA Lead)

Prepared by:

_____

Board Approved:

_____

Date:

_____

Date:

_____