

PATIENT SATISFACTION SURVEY

Southern Tier Cancer Care

We want to be sure we are doing everything we can to serve you. Please take a few moments to fill out this form so we can improve our services and provide the best quality care to our patients. All responses are confidential. Just let us know what to do better! **THANK YOU.**

PLEASE CHECK OR CIRCLE:					
1. <u>Access:</u> Ease of getting through on the phone, Ease of getting an appointment, Parking, Receptionist, Waiting times	Excellent	Very Good	Good	Fair	Poor
2. <u>Communication Between Patient And Office:</u> Ability to get a call returned, Getting test results back, Getting prescription refills, Quality of health information materials and Patient education	Excellent	Very Good	Good	Fair	Poor
3. <u>Interaction With The Doctor:</u> Skilled, Time spent with you, Concern/ courtesy, Explanation of procedures, diagnoses, instructions or treatment regimen	Excellent	Very Good	Good	Fair	Poor
4. <u>Tests And Treatment:</u> Skilled, Professional, Cordial, Helpful, Attentive, Caring and Compassionate staff	Excellent	Very Good	Good	Fair	Poor
5. How would you rate us in terms of overall quality of care provided?	Excellent	Very Good	Good	Fair	Poor
6. Would you recommend our practice to other patients with cancer?	Definitely		Likely	Unlikely	
7. Do you have suggestions for improvements in our services or other comments?					
8. Was any of our staff especially helpful? Please let us know so we may show our appreciation?					

Name/Signature (Not mandatory but encouraged)

Date