



Cardiovascular Consultants, Inc P.S.

Patient Satisfaction Questionnaire

Today's Date: _____

Date of Visit: _____

Office Visited: Auburn Federal Way Enumclaw

Doctor Scheduled to see: _____

Questionnaire completed by: Patient Parent Guardian Spouse Other

Please indicate your level of satisfaction with our Clinic in the following areas, or mark it N/A if you have no comment in that area.

How satisfied are/were you with:

* If not satisfied please explain below	Very satisfied	Satisfied	Somewhat Satisfied	*Not Satisfied	N/A
1) The ability to reach the individual you were calling					
2) The ability to schedule your appointment					
3) The courtesy and helpfulness of the receptionists					
4) The courtesy, knowledge and helpfulness of the clinical assistants					
5) The courtesy, knowledge and helpfulness of the clinical nurses					
6) The courtesy, knowledge and helpfulness of the clinical technicians					
7) The courtesy, knowledge and helpfulness of the physicians					
8) The explanation and treatment received from your physician					
9) The courtesy, knowledge and helpfulness of the billing staff					

10) General Comments:

*Not satisfied Explanations:

Your Name (Optional)