

Maryellen Romano MD
 1110 South Ave-Suite 306
 Staten Island, NY 10314
 Tel: 718 761-4700
 Fax: 718 494-2767

PATIENT SURVEY

Would you take a few minutes of your time to help us? Our goal is to provide comfort, convenience and satisfaction, as well as the best medical care to all our patients. We would like to know how you feel about our medical services, our patient-handling systems and our physician and staff members. Your comments will help us to evaluate our operations to ensure that we are truly responsive to your needs. Thank you for your help.

PLEASE CIRCLE YOUR MOST APPROPRIATE RESPONSE

HOW SATISFIED ARE YOU WITH:

	VERY SATISFIED	SOMEWHAT SATISFIED	SOMEWHAT DISSATISFIED	VERY DISSATISFIED	NOT APPLICABLE
1. Your communications with our:					
A. Front desk receptionist	1	2	3	4	5
B. Telephone receptionist	1	2	3	4	5
C. Billing department staff	1	2	3	4	5
D. Medical Assistant	1	2	3	4	5

YOUR COMMENTS: _____

2. The efficiency of our:

A. Front desk receptionist	1	2	3	4	5
B. Telephone receptionist	1	2	3	4	5
C. Billing department staff	1	2	3	4	5
D. Medical Assistant	1	2	3	4	5

YOUR COMMENTS: _____

3. How would you rate your appointments with us:

A. Available within a reasonable amount of time	1	2	3	4	5
B. Scheduled at a convenient time of day	1	2	3	4	5
C. Completed in a timely manner	1	2	3	4	5

YOUR COMMENTS: _____

4. During your appointment with our DOCTOR do you feel:

A. The doctor listened & your questions were answered	1	2	3	4	5
B. The examination was thorough	1	2	3	4	5
C. The amount of time spent with you was appropriate	1	2	3	4	5

YOUR COMMENTS: _____

5. Please rate our communication with you in the following areas:

A. Were your calls answered promptly	1	2	3	4	5
B. Availability of medical information/advice by phone	1	2	3	4	5
C. The provider returning your call in a timely manner	1	2	3	4	5
D. Test results reported in a reasonable amount of time	1	2	3	4	5

YOUR COMMENTS: _____

6. How did you hear about us? Family Member Friend Co-Worker Yellow Pages Ad Our Website

	VERY SATISFIED	SOMEWHAT SATISFIED	SOMEWHAT DISSATISFIED	VERY DISSATISFIED	NOT APPLICABLE
7. How would you rate our facility:					
A. Hours of operation were convenient	1	2	3	4	5
B. Overall comfort of office	1	2	3	4	5
C. Adequate parking	1	2	3	4	5
D. Signage and directions easy to follow	1	2	3	4	5

YOUR COMMENTS: _____

8. Overall rating:

A. Our practice	1	2	3	4	5
-----------------	---	---	---	---	---

YOUR COMMENTS: _____

9. Would you recommend our office to a friend: Yes No

YOUR COMMENTS: _____

Please Mail, Fax, or Bring this form in with you at the time of your next visit.