



How Are We Doing?

Please take a few minutes to fill out this survey on the timeliness and quality of the service you received today. New Horizons Internal Medicine welcomes your feedback and your answers will be kept confidential. Thank you for your participation.

General Patient Information

In general, what is the quality of your health?

- Outstanding Good Some chronic issues Poor

How would you rate our concern for your privacy?

- Outstanding Good Adequate
 Needs improvement Poor N/A

How often have you visited [Healthcare facility name] within the past year?

- First Visit 2-5 Visits More than 6

Scheduling Your Appointment

Did you schedule an appointment by phone or did you drop in?

- Scheduled by phone Dropped in

How easy was it to make an appointment by telephone?

- Outstanding Very difficult

How long did you wait to speak to a scheduling staff member?

- 0 to 2 minutes 3 to 5 minutes 5 to 7 minutes Longer

Was the person who scheduled your appointment courteous and helpful?

- Very courteous Rude

Day of Your Appointment

How would you rate the courtesy of the staff at the reception desk?

Very courteous Rude

How long did you wait in the reception area beyond your scheduled appointment time?

15-30 minutes 30 to 45 minutes Other _____

How long did you wait in the exam room before the physician appeared?

15-30 minutes 30 to 45 minutes Other _____

The Medical Staff

How would you rate the quality and compassion from the medical staff

Outstanding Good Adequate
 Needs improvement Poor N/A

Did the medical staff respond to your requests within a reasonable period?

Yes | No

The Doctor

Did you feel that your doctor spent an adequate amount of time with you?

Yes | No | N/A

Mark the boxes that characterize the demeanor of your doctor:

Attentive Concerned Friendly
 Distracted Rushed Inconsiderate

Please rate the clarity of the doctor's explanation of your condition and treatment options:

Outstanding Good Adequate
 Needs improvement Poor N/A

Were your questions answered to your satisfaction?

Yes | No | N/A

Would you recommend this facility and its staff to your family and friends?

Yes | No | N/A

The Lab Staff

How would you rate the professionalism and competence of the person who took your blood and worked on your lab exam?

- Outstanding Good Adequate
 Needs improvement Poor N/A

Additional Feedback

Please list any areas in which our service could be improved.

Personal Information

Providing the following information is optional.

| | | | |
|------------|-----------|--------|----------|
| First Name | Last Name | Gender | Age |
| Address | City | State | ZIP Code |
| Email | Phone | | |

Would you like someone to contact you regarding your responses on this survey?

- Yes | No

Thank you for taking the time to fill out our survey. We rely on your feedback to help us improve our services. Your input is greatly appreciated.