

Patient Satisfaction Survey

Jackson Orthopedic Specialists, P.L.L.C.

956 Cooper St; Jackson, MI 49202
 Phone: 517.787.3900 Fax: 517.787.4318
 Email: info@jacksonorthopedics.com

Dr. Robert M. Doane, M.D.

Please take a moment to answer a few survey questions about your experience with our office. Please place in envelope and hand to receptionist. Responses will be confidential.

Thank you.

I am a new patient: Yes No

Scoring: 5 Very Good 4 Good 3 Fair 2 Poor 1 Very Poor N/A Not Applicable

Access to Care-----

1. The waiting time to schedule an appointment was satisfactory.	5	4	3	2	1	N/A
2. Access to care via available appointment times met your needs.	5	4	3	2	1	N/A
3. The office was easily accessible by phone.	5	4	3	2	1	N/A
4. The staff was courteous and polite.	5	4	3	2	1	N/A
5. The doctor-on-call was accessible by phone at night or on the weekend.	5	4	3	2	1	N/A
6. If your call was placed "on-hold," was the amount to time acceptable?	5	4	3	2	1	N/A

During Your Visit-----

1. Any forms needing completion were fully explained.	5	4	3	2	1	N/A
2. The waiting room/exam rooms were comfortable, clean and safe.	5	4	3	2	1	N/A
3. The staff was professional and addressed you in a respectful manner.	5	4	3	2	1	N/A
4. The staff informed you of any delays or changes in appointment time.	5	4	3	2	1	N/A
5. The registration process was efficient.	5	4	3	2	1	N/A
6. Your requests were handled promptly and efficiently.	5	4	3	2	1	N/A

Your Provider and Clinical Staff-----

1. The clinical staff introduced themselves and showed concern.	5	4	3	2	1	N/A
2. The physician was attentive to your concerns or condition.	5	4	3	2	1	N/A
3. You were given time to ask questions.	5	4	3	2	1	N/A
4. You were able to participate in the decisions concerning your care.	5	4	3	2	1	N/A
5. Your health status was reviewed and explained.	5	4	3	2	1	N/A
6. You were given literature regarding your condition	5	4	3	2	1	N/A
7. Confidence and skill of physician	5	4	3	2	1	N/A

Your Safety-----

1. The staff utilized safety precautions, as necessary.	5	4	3	2	1	N/A
2. Prescriptions were explained to your satisfaction.	5	4	3	2	1	N/A
3. You were offered information about right to privacy with regard to your medical records.	5	4	3	2	1	N/A

Billing Process-----

1. You were informed of financial policies and the billing process.	5	4	3	2	1	N/A
2. The statement you received was understandable and accurate.	5	4	3	2	1	N/A
3. Inquiries to the Business Office were handled efficiently and courteously	5	4	3	2	1	N/A
4. Insurance questions were adequately explained to you.	5	4	3	2	1	N/A

Likelihood of Recommending Our Practice to Others:

5 4 3 2 1

Comments_____
