

TELL US ABOUT YOUR VISIT

Was this your first visit to this practice? yes no

Which of the following factors had the greatest influence on your initial choice of this practice (check up to 3 items):

Recommended by Dr. _____

Location

Practice's reputation

Family member/friend recommendation

Yellow Pages ad

Saw the street sign for the practice

Healthcare plan _____

Other _____

EXPERIENCE WITH STAFF

When you phone our office...

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
Promptness in answering your call	_____	_____	_____	_____
Courtesy on phone	_____	_____	_____	_____
Ease in getting appointment	_____	_____	_____	_____

While at the office...

Helpfulness in answering financial & administrative questions	_____	_____	_____	_____
Friendliness & courtesy	_____	_____	_____	_____
Nursing care & treatment	_____	_____	_____	_____
Usefulness of educational material	_____	_____	_____	_____
Comfort of waiting room	_____	_____	_____	_____

Please mention any employee who were especially helpful during your visit: _____

Were you dissatisfied with any of our employees? (please mention name and reason): _____

EXPERIENCE WITH THE PHYSICIAN

During your visit...

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
Physician promptness in seeing you	_____	_____	_____	_____
Reasonable waiting time	_____	_____	_____	_____
Courtesy & interest	_____	_____	_____	_____
Adequacy of time spent with you	_____	_____	_____	_____
Responsiveness to your questions	_____	_____	_____	_____
Information provided about your treatment	_____	_____	_____	_____
Overall experience with physician	_____	_____	_____	_____

OVERALL IMPRESSION

Please rate your overall experience _____

What did you like best about your visit? _____

What did you like least about your visit? _____

Would you recommend us to your families and friends?
Yes _____ No _____

Do you have any other comments or suggestions that would help us improve our service to you?

ABOUT YOURSELF

Sex : M F

Age: under 15 15- 30 31- 45
 46 - 65 66+

Thank you for your participation.
Please print this form and mail to:
Adult and Pediatric Allergy & Asthma Center
1032 Hillcrest Rd, Mobile, AL 36695
Or fax to: 251-633-3004