

(405) 285-9663 | www.gentlecareah.net | 2301 NW 178th Street, Edmond, OK 73012

Client Satisfaction Survey

Thank you for taking the time to complete our client survey. We value your feedback and will use it to better our facility and the services we provide.

Your Name (optional): ______

Email Address (optional): _____

Please Rate the following items from 1 to 5 (1 is lowest and 5 is highest):

Cleanliness

Lobby	□ 1	□ 2	□ 3	□ 4	□ 5
Client Bathroom	□ 1	□ 2	□ 3	□ 4	□ 5
Exam Room	□ 1	□ 2	□ 3	□ 4	□ 5
Outside Yards	□ 1	□ 2	□ 3	□ 4	□ 5
Overall	□ 1	□ 2	□ 3	□ 4	□ 5
<u>Friendliness</u>					
Front Desk	□ 1	□ 2	□ 3	□ 4	□ 5
Technicians	□ 1	□ 2	□ 3	□ 4	□ 5
Doctor	□ 1	□ 2	□ 3	□ 4	□ 5
Name Introducti	on				
Receptionist	□ 1	□ 2	□ 3	□ 4	□ 5
Technician	□ 1	□ 2	□ 3	□ 4	□ 5
Doctor	□ 1	□ 2	□ 3	□ 4	□ 5
Knowledge & Un	derstand	ding			
Technician	□ 1	□ 2	□ 3	□ 4	□ 5
Doctor	□ 1	□ 2	□ 3	□ 4	□ 5

<u>Timeliness</u>

Front desk	□ 1	□ 2	□ 3	□ 4	5
Wait time for an	□ 1	□ 2	□ 3	□ 4	□ 5
exam room					
Wait time for	□ 1	□ 2	□ 3	□ 4	5
the doctor					
Checking out	□ 1	□ 2	□ 3	□ 4	□ 5

How easy was it to make an appointment to be seen?

What was a pleasant experience about your visit?

What can we improve upon from your visit?