

Patient Satisfaction Form

Name of doctor: _____

I have seen this doctor:

First visit ____

2- 4 times ____

5 or more times ____

Please circle the appropriate answer using the following 1 – 5 scale:

1) never, 2) rarely, 3) sometimes, 4) often, 5) almost always

This doctor is courteous and respectful in his/her interactions with you.

1 2 3 4 5

This doctor listens to your concerns and addresses them.

1 2 3 4 5

This doctor answers your questions and provides explanations in an understandable way.

1 2 3 4 5

This doctor is doing his/her best to provide you with excellent care.

1 2 3 4 5

Comments: