

Patient Satisfaction Survey
Dermatology & Skin Cancer Surgery Center
Matthew D. Barrows, MD

Think about your visit with the physician/healthcare professional and staff you saw, how would you rate the following:

	Poor	Fair	Good	Very Good	Excellent
1. The length of time you had to wait for your appointment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Length of time waiting in the office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Time spent with the physician/health care professional you saw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Explanation of your appointment by:					
a. physician/health care professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. nursing staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The personal manner (courtesy, respect, sensitivity, friendliness) of the:					
a. The physician/health care professional you saw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The nursing staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The front office staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The check out staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. If you had any cosmetic services, how were the technical skills (thoroughness, carefulness, competence) of the nursing staff helping you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. If you had any cosmetic services, how was the personal manner (courtesy, respect, sensitivity, friendliness) of the nursing staff helping you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The visit overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Would you recommend the physician/health care professional you saw to your family and friends?	Definitely Not	Probably Not	Probably Yes	Definitely Yes	

Please make any suggestions that you feel could improve your visit with us.
