

Patient Satisfaction Survey

At Korunda Medical Institute and Pain Management Center we are constantly striving to provide our patients with the highest quality health care. By filling out our survey, we are able to become aware of the areas of our practice that may need improvement or that we are doing well in.

1. Which office are you a patient of?

- Korunda Pain Management Center (KPMC)
- Korunda Medical Institute (KMI)
- Both

2. How did you become a patient of our practice?

- Referral from another physician
- Referral from a family member or friend
- Advertisement in a Magazine Magazine Name: _____
- Advertisement in the mail
- Internet search
- Telephone book
- Church bulletin Church Name: _____

3. Please check the area that you feel describes each area of our practice.

Appearance	Excellent	Good	Average	Poor	N/A
Waiting Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Front Office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exam Rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Procedure Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff Services	Excellent	Good	Average	Poor	N/A
Check In	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check Out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Front Office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physician Assistant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance Dept.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please turn over for additional questions.

5. What is the average time you wait to be seen at an office visit?

	0-15 min	15-20 min	20-30 min	30 min +
Pain Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internal Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Is the staff polite to you and do they treat you with respect at your office visits? YES NO

7. Do you feel the Physician/Physician Assistant answer all of your questions adequately during office visits? YES NO

8. Do you feel the Physician or Physician Assistant spends adequate time with during office visits? YES NO

9. If you have spoke with our billing department, were your questions answered to your satisfaction? YES NO N/A

10. If you have called the office with a medical question and was not able to speak with a nurse at the time, did you get a return call from the clinical staff within 24 hours? YES NO N/A

11. Would you recommend our office to someone else?
YES NO Already did

12. What do you like best about our office? _____

13. What would your recommend that we improve upon from a patients point of view? _____

Thank you for taking the time to fill out our practice survey. Your opinion is very important to us.

Sincerely,

Korunda Medical Institute and Korunda Pain Management Center