TRIPP
Family Medicine

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www.TrippFamilyMedicine.com

We want to know how we can better serve you. Thank you for filling out this confidential survey & placing in the box in the waiting area.

Please rate the following based on average of previous visits:	Poor	Fair	Good	Excellent
1. Appointment availability	1	2	3	4
2. Phone call answered promptly	1	2	3	4
3. Check-in efficiency	1	2	3	4
4. Front Desk courtesy	1	2	3	4
5. Time spent in waiting room	1	2	3	4
6. Courtesy of nursing staff	1	2	3	4
7. Professionalism of nursing staff	1	2	3	4
8. Courtesy of providers (doctor, PAs, NP)	1	2	3	4
9. Professionalism of providers	1	2	3	4
10. Test result promptly received, if applicable	1	2	3	4

How can we improve our care and overall patient satisfaction?

Would you recommend us to others? YES NO
Why or why not?

Basic Information:

1. Gender .....Male Female
2. Age (circle one) .....18-24 25 – 39 40 – 64 65+
3. First Visit?.....YES NO

Optional: If we may share your statement above with others, please complete the following:

I, _____(printed name), allow Tripp Family Medicine to use my above statement for print, audio/video media and online marketing purposes.

(Signed) _____ (date) _____

Thanks so much for assisting us in improving our care and service.