

Patient Satisfaction Survey

In an effort to better serve you, please take a couple minutes and answer a few questions about your visit. Please tell us your opinion about the service you received from our office staff. Your responses will be kept strictly confidential. Thanks for your help and we greatly appreciate any feedback.

Choose your provider:

Dr. Lucido Dr. Totta Dr. Bartalos Dr. Kilgore

Amy Waller, Nurse Practitioner Andrea Gray, Nurse Practitioner Mallory Grassmuck, Registered Dietitian

PLEASE RATE THE FOLLOWING:	Excellent	Very Good	Good	Fair	Poor	Doesn't Apply
A. YOUR APPOINTMENT:						
1. Ease of making appointments by phone	5	4	3	2	1	N/A
2. Appointment available within a reasonable amount of time	5	4	3	2	1	N/A
3. Getting care for illness/injury as soon as you wanted it	5	4	3	2	1	N/A
4. Getting after-hours care when you needed it	5	4	3	2	1	N/A
5. The efficiency of the check-in process	5	4	3	2	1	N/A
6. Waiting time in the reception area	5	4	3	2	1	N/A
7. Waiting time in the exam room	5	4	3	2	1	N/A
8. Keeping you informed if your appointment was delayed	5	4	3	2	1	N/A
9. Ease of getting a referral when you needed one	5	4	3	2	1	N/A
 B. OUR STAFF						
1. The courtesy of the person who took your call	5	4	3	2	1	N/A
2. The friendliness and courtesy of the receptionist	5	4	3	2	1	N/A
3. The caring concern of our nurses/medical assistants	5	4	3	2	1	N/A
4. The helpfulness of people who assisted with bill/insurance	5	4	3	2	1	N/A
 C. OUR COMMUNICATION WITH YOU:						
1. Your phone calls answered promptly	5	4	3	2	1	N/A
2. Getting advice or help when needed during office hours	5	4	3	2	1	N/A
3. Explanation of your procedure by scheduler	5	4	3	2	1	N/A
4. Your test results reported in a reasonable amount of time	5	4	3	2	1	N/A
5. Effectiveness of our health information materials	5	4	3	2	1	N/A
6. Our ability to return your calls in a timely manner	5	4	3	2	1	N/A
7. Your ability to contact us after hours	5	4	3	2	1	N/A
8. Your ability to obtain prescription refills by phone	5	4	3	2	1	N/A
 D. YOUR VISIT WITH THE STAFF/SCHEDULER						
1. Willingness to listen carefully to you	5	4	3	2	1	N/A
2. Taking time to answer your questions	5	4	3	2	1	N/A
3. Amount of time spent with you	5	4	3	2	1	N/A
4. Explaining things in a way you could understand	5	4	3	2	1	N/A
5. Instructions regarding medication/follow-up care	5	4	3	2	1	N/A

E. YOUR OVERALL SATSIFACTION WITH:

1. Our practice	5	4	3	2	1	N/A
2. The quality of your medical care	5	4	3	2	1	N/A
3. Overall rating of care from your provider:	5	4	3	2	1	N/A
4. Overall rating of care from your scheduler	5	4	3	2	1	N/A
a. Name of scheduler: _____						
5. Overall rating of care from your nurse/medical assistant	5	4	3	2	1	N/A
a. Name of nurse/medical assistant: _____						

WOULD YOU RECOMMEND THE PROVIDER TO OTHERS? YES NO

IF NO, PLEASE TELL US WHY:

IF THERE IS ANY WAY WE CAN IMPROVE OUR SERVICES TO YOU, PLEASE TELL US ABOUT IT:

SOME INFORMATION ABOUT YOU:

SELECT THE APPROPRIATE ANSWER BELOW.

GENDER: Male Female

YOUR AGE: Under 18 18-30 31-40 41-50 51-60 Over 60

ARE YOU: A new patient A returning patient

Thank you very much for your help!

Feel free to drop the survey by our office or mail to:

Summit Gastroenterology
110 NE Saint Luke's East Boulevard, Suite 530
Lee's Summit, MO 64086