New Patient Survey

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| directions |  | Use this example document to help you visualize and then create your own custom new patient survey. |
| Example Format AND QUESTIONS |  | **[EXAMPLE MESSAGE TO PATIENT]**  In order to find out how we are meeting your needs, we are asking our patients a few questions about the care they have received. Your comments will be held in strict confidence and you do not have to sign your name unless you want to. We plan to use your suggestions to make our service to you and your family even better. Thank you for your comments.   * **Which of the following were factors in you choosing to go come here for treatment? (Please mark all that apply.)** * Recommendation of a friend or family member * Recommendation of another patient * Advertisement or coupon * Location (saw the office, walked in, etc.) * You are contracted with my insurance company * Internet search * Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * **Was your treatment completed?** * Yes * No   **In the statements below, please indicate whether you agree, disagree, or are not sure about each one.**   1. **It was easy to schedule a convenient appointment.**  * Agree * Unsure * Disagree  1. **The staff were professional and courteous.**  * Agree * Unsure * Disagree  1. **The doctor was caring and helpful.**  * Agree * Unsure * Disagree  1. **My dental treatment was clearly explained.**  * Agree * Unsure * Disagree  1. **Any questions I had were answered.**  * Agree * Unsure * Disagree  1. **My dental treatment was completed efficiently.**  * Agree * Unsure * Disagree  1. **I was pleased with the quality of my dental treatment.**  * Agree * Unsure * Disagree  1. **I would return to this office.**  * Agree * Unsure * Disagree  1. **I would recommend this office to friends and/or family members.**  * Agree * Unsure * Disagree  1. **In what way(s) could we have made your experience better?**   **Name (optional) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |