



## PATIENT SATISFACTION SURVEY

Thank you for visiting Advanced Vein Care Solutions. We would like to know how you feel about your venous care. Your assistance in completing the following patient satisfaction survey will be held in confidence and will help us improve upon our services. Please add any comments you feel are important. This form is available to submit online or you may print and return to our office via facsimile or in person.

Please describe yourself:

Age:                    18-25                    26-40                    41-65                    over 65

Number of visits you have made to the office in the last year:

1                    2                    3                    4                    5 or more

The patient's treatment was:

excellent                    satisfactory                    unsatisfactory

Please indicate the patient's level of comfort while in our care:

Fine, no problems

Occasional discomfort (Specify) Mild                    Moderate                    Severe

Continuous discomfort (Specify) Mild                    Moderate                    Severe

If discomfort was reported, was the patient's level of care discussed with the physician?

Yes                    No

Please Check Each Item:

Appointments	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
It was easy to make an appointment						
The appointment secretary was courteous and helpful						
Appointment options were given that fit my schedule						



Facilities	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
The office location and parking were convenient.						
The reception area was neat and clean.						
The equipment was clean and presentable.						
The temperature in the office was comfortable.						
<b>Staff</b>						
Staff	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
The physician was professional and courteous.						
The ultrasound technician was professional and courteous.						
The physician's assistant was professional and courteous.						
Other staff was professional and courteous.						
The staff was considerate and sensitive to my needs.						
<b>Treatment</b>						
Treatment	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
The proposed treatment was clearly explained to me.						
All my questions were answered.						
Treatment alternatives were given.						
The venous treatment was completed in a timely and efficient manner.						
I am pleased with the quality of my venous treatment.						



**Comments:**

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