



### FIVE MINUTE PATIENT SURVEY

**Our goal is to provide the Best Care. Please complete our questions, and make comments as you wish. Thank you for completing the survey.**

**How long have you been a patient at Symptom Medicine?** Month \_\_\_\_\_ Year \_\_\_\_\_

**How did you learn about the clinic?**

Friend/family    Doctor's referral    Employer referral    Health care provider    Web    Mailer    other

**What medical service do you come to SxM for?** \_\_\_\_\_

**When making your appointment was the receptionist helpful and friendly?**    YES    NO    Comment

**Were clear directions given regarding insurance preauthorization and appointment?**    YES    NO    Comment

**Did the staff appear and act in a professional manner?**    YES    NO    Comment

**Let us know what concerns/suggestions you have about getting an appointment at the Clinic.**

**Does the medical staff answer questions or takes information to get your questions answered?**    YES    NO    Comment

**How long does it take the medical assistant return to return calls?** \_\_\_\_\_    Comment

**What do you think would improve your experience at the Clinic?**

**Please mark in order (1, 2, 3...) why you call the clinic?**

Pain symptoms    pain injection results of tests    Appointment    medication questions    medication refill  
paperwork insurance    authorization payment    paperwork referrals (PT, x-rays)    Results of a study

**At your appointment was there enough time to get your questions answers?**    YES    NO    Comment

**Overall, the care I received at Symptom Medicine when compared to medical care that I have received elsewhere, is:**

Excellent    Good    Fair    Standard    Sub-standard

**Please describe any concerns/suggestions that you have regarding the medical care that you received.**