

InSight Retina Consultants, P.C. - Patient Satisfaction Survey

You are welcome to complete this survey on paper, or you may visit our website to complete it online.

Our online version can be found at:

www.InSightRetina.com > "For Patients" > "Patient Forms" > "Fillout and submit securely online!"

Dr. O'Connell and the Staff want to make sure you know that we value having you as a patient, and we are thankful that you have trusted us with your care. Please allow us to continue to improve our practice and the quality of the patient experience by taking a moment to answer the following questions.

Name, Phone and Email are OPTIONAL: Your information will not be shared outside of InSight Retina Consultants, PC.

First Name: _____ Last Name: _____

Home Phone: _____ Email: _____

Date of Visit, Office Location & Staff:

On what date of service are you basing your survey? _____

Which of our three offices are you providing us feedback on? Aurora (Denver) Edwards Glenwood Springs

Please rate the following statements based on your experience.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The office facility was clean and attractive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You were welcomed warmly by the front office staff on the phone and in the office.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The office staff was knowledgeable and helpful with scheduling your appointment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The office staff was knowledgeable and helpful with insurance, worker's compensation or self-pay matters.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Medical Assistants/Technicians/Nurses: Please rate the following statements based on your experience.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The medical assistants were responsive to your needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You were seen within 15 minutes of your scheduled appointment time or were notified that the doctor's schedule was running late.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The medical assistants were friendly and approachable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The nurses, medical assistants or technicians explained things clearly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Doctor feedback: Please rate the following statements based on your experience.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The doctor was friendly and hospitable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The doctor allowed enough time for you to adequately discuss your concerns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The doctor was knowledgeable and professional.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The doctor explained your problem and treatment very well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The doctor advised you about the possible risks involved with the treatments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The doctor understood your concerns and made you feel as comfortable as possible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The doctor provided you with opportunities to ask questions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please skip this section if you did not have surgery with us.

Surgical Experience: Please rate the following statements based on your experience.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
After you left the surgery center, InSight Retina Consultants called you the evening of your surgery to check on you. (Please respond with either "Yes" or "No")	<input type="radio"/> Yes	<input type="radio"/> No			
Your pain was well controlled throughout our care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your Overall Experience: Please provide us feedback on your overall experience.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Overall you were satisfied with your experience at InSight Retina Consultants, P.C.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You would recommend InSight Retina Consultants, P.C. to friends or family if they required care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional Comments:

Please share with us additional feedback including a positive testimonial or constructive criticism. We want to know where there is room for improvement, or where we excelled during your care.

Thank you for taking the time to share your feedback with us. Please return this survey to one of our staff members. You may also mail, email or fax this form to our office.

- **Mail:** InSight Retina Consultants, 15901 E. Briarwood Circle, Suite 100, Aurora, CO 80016
- **Email:** Info@InSightRetina.com
- **Fax:** 303.662.8677