



PATIENT SATISFACTION SURVEY

Thank you for visiting Gardens Dermatology. We strive to achieve the utmost quality service and experience for our patients. Please take a couple of minutes and let us know about your appointment with us.

Please rate your OVERALL experience:	_____ (1 = Awful ... 5 = Exceptional)
Scheduling your appointment:	
Did you schedule appointment during first call? If no, how many times did you call Gardens Dermatology to schedule your appointment?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____times
How long did you wait from scheduling to seeing a provider?	____days ____weeks ____months
Did you receive text reminder of your appointment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Arriving for your appointment:	
Was the office clean and inviting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did check-in staff greet you politely with a smile?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you complete your paperwork online before your appointment? If yes, was it ready when you arrived?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
How long did you wait before going into exam room?	<input type="checkbox"/> 0 -5 min <input type="checkbox"/> 6-10 min <input type="checkbox"/> 11-20 min <input type="checkbox"/> 21-30 min <input type="checkbox"/> 31-45 min <input type="checkbox"/> 46+ min
Wait time to see MA/provider once in exam room?	<input type="checkbox"/> 0 -5 min <input type="checkbox"/> 6-10 min <input type="checkbox"/> 11-20 min <input type="checkbox"/> 21-30 min <input type="checkbox"/> 31-45 min <input type="checkbox"/> 46+ min
Was your exam room clean and comfortable?	<input type="checkbox"/> Yes <input type="checkbox"/> No
At your appointment:	
Did you use the automated touch dermatology information program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you given a prescription at time of appointment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were available prescriptions and products offered to you by your doctor or MA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If prescriptions were available at Gardens Dermatology, did you purchase at end of appointment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you offered any medications or products to purchase at the time of your appointment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you need and purchase a Post-Biopsy or Post-Surgery kit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you made aware that Gardens Dermatology offers post Biopsy and Post-Surgery kits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you schedule your next appointment at checkout?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments:

Thank you for taking the time to complete our Patient Satisfaction Survey. We look forward to seeing you soon!