

Advanced Interventional Cardiology Consultants

Boris D. Nunez, M.D.

Patient Satisfaction Survey

Name (optional): _____

Date of visit: ____/____/____ Time seen: ____ am / pm

Survey Instructions

Our goal is to provide you with the best health care and service possible. In an effort to better meet your needs and expectations, we ask that you take a few minutes to fill out this patient satisfaction survey, which allows you to rate different aspects of your visit.

Please note that all responses will be confidential – you do not have to identify yourself on the survey! The information you share will be used in a respectful and confidential manner. Your feedback will help us to provide you with better care in the future. Thank you for your help.

	Poor	Fair	Good	Very Good	Excellent	Does Not Apply
HOW EASY WAS IT TO MAKE AN APPOINTMENT AND GET IN TO SEE YOUR PROVIDER?						
1. When I called the office for an appointment, the length of time spent on the phone to set my appointment was:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The number of days between my call and my actual appointment was:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The staff's helpfulness in scheduling my appointment was:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FACILITY AND CONVENIENCE						
4. Transportation, parking, and entry to the building were:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Neatness, cleanliness, and general appearance of the office were:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. The convenience of office hours was:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The length of time, if any, that I had to wait past my appointment time before seeing my practitioner:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
STAFF'S INTERPERSONAL SKILLS						
8. The staff's courtesy and respect were:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. The staff's promptness and efficiency were:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. The staff's effort to identify him/herself to me was:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. The staff's help with scheduling any follow-up visits, referrals or tests were:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. The staff's explanation of payment/insurance issues was:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Poor	Fair	Good	Very Good	Excellent	Does Not Apply
STAFF'S CLINICAL SKILLS						
13. The nurse/medical assistant's skill and care (e.g. in taking medical information, weight, etc.) was:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. The clarity and thoroughness of the nurse/medical assistant's instructions were:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PRACTITIONER'S CLINICAL SKILLS						
15. The practitioner's apparent understanding of the reason for my visit was:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. The practitioner's interest in my overall health was:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. The practitioner's overall skill and thoroughness in examining or evaluating me was:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
YOUR OVERALL SATISFACTION						
26. My overall satisfaction with the quality of care I received during the visit was:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. My willingness to recommend this practitioner and practice to a close friend or family member is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. Age:	<input type="radio"/> < 18	<input type="radio"/> 18-34	<input type="radio"/> 35-54	<input type="radio"/> 55-65	<input type="radio"/> > 65
29. Gender:	<input type="radio"/> Female	<input type="radio"/> Male			

Any other comment/s?

Is there any particular employee that was most helpful that you would like to recognize?

Employee's Name: _____

Thank you for your assistance! 😊

Please leave the form at the front desk or mail to:

**Dr. Boris D Nunez
Attn: Administration
320 S.R. 60 East
Lake Wales, FL 33853**