The Elliot *Live Better!*

Elliot Professional Services

We appreciate your choosing the Elliot today.

In an effort to better serve you and our community, we ask that you please take a moment to complete this brief, anonymous survey regarding your visit.
Your completed survey can be deposited in the **Comment Box** as you exit today.

Thank you in advance for your valuable input!

At which practice/clinic were you seen?

- ☐ Elliot Breast Health Center
- ☐ Elliot Cardiovascular Consults
- ☐ Elliot Dermatology
- ☐ Elliot Endocrinology
- ☐ Elliot Gastroenterology
- ☐ Elliot Radiation Oncology
- ☐ Elliot General Surgical Specs
- ☐ Elliot Neurology
- ☐ Elliot OB/GYN
- ☐ Elliot OMS Center
- ☐ Elliot Orthopedic Surgery Spec
- ☐ Elliot Maternal Fetal Medicine
- ☐ Elliot Pulmonary (Rivers Edge)
- ☐ Elliot Rheumatology Assocs
- ☐ Elliot Pain Management
- ☐ Elliot Behavioral Health
- ☐ Elliot Wound & Hyperbaric Ctr
- ☑ Elliot Memory & Mobility Ctr
- ☐ Other _____

Date of your visit: _____ Provider seen: _____

How satisfied were you with:	VerySatisfied	Satisfied	Dissatisfied	Very Dissa	N/A
1 Ease of reaching the office by telephone?	☐	☐	☐	☐	☐
2 Ease of scheduling your appointment?	☐	☐	☐	☐	☐
3 Courtesy of our front office staff? (during check-in/out and~or scheduling/pre-registration phone call)	☐	☐	☐	☐	☐
4 Care provided by the clinical staff? (RN, LPN, Technician, MA)	☐	☐	☐	☐	☐
5 Care provided by the provider? (MD, DO, APRN, Therapist)	☐	☐	☐	☐	☐
6 Wait time to be seen by the provider?	☐	☐	☐	☐	☐

As a result of your most recent visit, do you feel confident that your health needs are being addressed? Yes No Maybe

Would you recommend this clinic to others? Yes No Maybe

Specific Comments:

___
___
___