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 Consult
- Elliot Dermatology
- Elliot Endocrinology
- Elliot Gastroenterology
- Elliot Radiation Oncology
- Elliot General Surgical Spec
- Elliot Neurology
- Elliot OB/GYN
- Elliot OMS Center
- Elliot Orthopedic Surgery Spec
- Elliot OB/GYN
- Elliot Pain Management
- Elliot Behavioral Health
- Elliot Behavioral Health
- Elliot Wound & Hyperbaric Ctr
- Elliot Memory & Mobility Ctr
- Other

Date of your visit: ____________________

Provider seen: _____________________

How satisfied were you with:

1. Ease of reaching the office by telephone? Very Satisfied
2. Ease of scheduling your appointment? Satisfied
3. Courtesy of our front office staff? Dissatisfied
   (during check-in/out and/or scheduling/pre-registration phone call)
4. Care provided by the clinical staff? (RN, LPN, Technician, MA) Very Dissatisfied
5. Care provided by the provider? (MD, DO, APRN, Therapist) N/A
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

Would you recommend this clinic to others? Yes

Specific Comments:

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