Falmouth Orthopaedic Center

PATIENT EXPERIENCE SURVEY

How are we doing? Please tell us about your experience at our office. We are committed to providing all of our patients with Excellent Care and Excellent Service. Could you take a few minutes after your visit today to complete this survey and return it to us in the postage paid envelope we have provided?
We look forward to your responses and will utilize your comments to continue to improve our office.

How did you hear about our office? Friend/Family Physician Referral Internet
ER/Urgent Care Referral Other_____

Which Provider(s) did you see today?

Dr. Anson	Anne Rolfson PA
Dr. Agren	Michelle Gardner NP
Dr. Rodrigue	
Dr. Shubert	Amy Taisey PA

MAKING YOUR APPOINTMENT	Excellent	Very Good	Good	Fair	Poor	N/A
1. Promptness in answering the telephone						
2. Courtesy and professionalism of person on the phone						
3. Phone calls returned within a reasonable length of time						
4. Courtesy and Professionalism of person scheduling the appointment						

TODAY'S APPOINTMENT	Excellent	Very Good	Good	Fair	Poor	N/A
5.Courtesy and Professionalism of front desk staff						
6. Length of waiting time in the reception area						
7. Courtesy and Professionalism of the Medical Secretary						
8. Courtesy and Professionalism of the X-Ray Technologist						

YOUR ORTHOPEDIC CARE PROVIDER	Excellent	Very Good	Good	Fair	Poor	N/A
9. Courtesy and Respectfulness of the provider (MD, PA, NP) you saw						
10. Your questions were answered and concerns addressed						
11.Your illness and treatment options were explained in a way that you could understand						
12.Adequacy of time your provider spent with you						

OVERALL	Excellent	Very Good	Good	Fair	Poor	N/A
13. How would you rate your overall experience with this office?						

Would you refer others to see this Physician ? Yes No
What we could have done today to make your experience with our office better?

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Thank-you for choosing Falmouth Orthopaedic Center