

NORTH TEXAS

KIDNEY CONSULTANTS

NTKC Patient Survey

Patient Name: _____

Date of visit: _____

Phone #: _____

Circle one: New Patient Established Patient

How long have you been a NTKC patient?

- Less than 1 year 1-4 years 5-9 years 10 years or more

We are interested in receiving your feedback about the care provided at our office. Please take a few minutes to complete this survey and return it to us. Your responses are important to us.

Please circle your responses.

A. Your Appointment	Excellent	Very Good	Good	Fair	Poor
1. Ease of making appointments?	5	4	3	2	1
2. The efficiency of the check-in process?	5	4	3	2	1
3. Waiting time in the reception area?	5	4	3	2	1
4. Waiting time in the exam room?	5	4	3	2	1

B. Our Staff	Excellent	Very Good	Good	Fair	Poor
1. The courtesy of the person who made the appointment?	5	4	3	2	1
2. The friendliness and courtesy of the receptionist?	5	4	3	2	1
3. The caring concern of our nurses/medical assistants?	5	4	3	2	1
4. The professionalism of our staff?	5	4	3	2	1

C. Your Visit With The Physician	Excellent	Very Good	Good	Fair	Poor
1. Your level of trust in the physician's decisions. How well the physician explain your medical condition(s).	5	4	3	2	1
2. How well the physician listens & answers questions.	5	4	3	2	1
3. Spends appropriate amount of time with you.	5	4	3	2	1
4. Instructions regarding medication/follow up care	5	4	3	2	1

D. Your Overall Satisfaction With	Excellent	Very Good	Good	Fair	Poor
1. Our Practice	5	4	3	2	1
2. The quality of your medical care	5	4	3	2	1
3. Overall rating of care from your physician	5	4	3	2	1
	Definitely	Probably	Not Sure	Probably Not	Definitely Not
4. Would you recommend your physician to your family or friends?	5	4	3	2	1

If no, please tell us

why: _____

Comments: