

ANSON COUNTY HEALTH DEPARTMENT

Dear Patient: The Anson County Health Department appreciates you choosing us for your care today. Your feedback on your visit today is very important to us. Please tell us about your visit today. Your responses will be kept strictly confidential. Thank you for your help.

PLEASE RATE THE FOLLOWING:

Excellent Very Good Fair Poor Does Not
 Good

A. YOUR APPOINTMENT:

1. Ease of making appointments by phone
2. Appointment available within reasonable amount of time
3. The efficiency of the check-in process
4. Waiting time in the reception/lobby area
5. Waiting time in the exam room
6. Keeping you informed if your appointment time was delayed

B. OUR STAFF:

1. The courtesy of the person who took your call
2. The friendliness and courtesy of the receptionist
3. The caring concern of our nurses
4. The helpfulness of the people who assisted you with billing or insurance
5. The professionalism of our lab staff

C. OUR COMMUNICATION:

1. Your phone calls answered promptly
2. Getting advice or help when needed during office hours
3. Explanation of your procedure (if applicable)
4. Effectiveness of our health information materials
5. Our ability to return your calls in a timely manner

D. YOUR VISIT WITH THE PROVIDER: (Doctor, Nurse Practitioner, Physician Assistant)

1. Willingness to listen carefully to you
2. Taking time to answer your questions
3. Amount of time spent with you
4. Explaining things in a way you could understand
5. Instructions regarding medication/follow-up care
6. The thoroughness of the examination
7. Advice given to you on ways to stay healthy

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E. OUR FACILITY:

1. Hours of operation convenient for you
2. Overall comfort
3. Adequate parking

F. YOUR OVERALL SATISFACTION WITH:

1. Our practice
2. The quality of your medical care
3. Overall rating of care

WOULD YOU RECOMMEND US TO OTHERS?

YES

NO

IF NO, PLEASE TELL US WHY: _____

IS THERE ANY WAY WE CAN IMPROVE OUR SERVICES TO YOU? PLEASE TELL US ABOUT IT:

WHAT WAS THE REASON FOR YOUR VISIT TODAY? _____

HOW DID YOU HEAR ABOUT THE SERVICES OFFERED AT THE HEALTH DEPARTMENT?

TELL US ABOUT YOU:

Please circle your response.

GENDER

Male

Female

YOUR AGE

18 or Under

19-29

30-39

40-49

50 or Over

ARE YOU:

A new patient

A returning patient

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Thank you for your responses and for choosing Anson County Health Department as your provider.