

**The Olean Medical Group physicians and staff value your opinions and we thank you in advance for any feedback you give us in the following survey. Please complete the following survey and return it via mail to: Olean Medical Group, attn: Director of Nursing, 535 Main St., Olean, NY 14760.**

## **2010 Olean Medical Group Patient Survey**

For the following, please circle the answer that best describes your response.

1. When you called the Group, the promptness and professionalism with which your call/request was handled.

Very Satisfied    Satisfied    Dissatisfied    Very Dissatisfied    Don't know

2. For your visit, the amount of time you waited in the office and exam room to see your provider.

Very Satisfied    Satisfied    Dissatisfied    Very Dissatisfied    Don't know

3. The professionalism and care of the nurse during your visit.

Very Satisfied    Satisfied    Dissatisfied    Very Dissatisfied    Don't know

4. The professionalism and care displayed by your provider.

Very Satisfied    Satisfied    Dissatisfied    Very Dissatisfied    Don't know

5. The extent to which your provider listened and addressed your concerns.

Very Satisfied    Satisfied    Dissatisfied    Very Dissatisfied    Don't know

6. Your understanding of the provider's explanations and instructions

Very Satisfied    Satisfied    Dissatisfied    Very Dissatisfied    Don't know

Comments: \_\_\_\_\_

7. The overall cleanliness and appearance of the office.

Very Satisfied    Satisfied    Dissatisfied    Very Dissatisfied    Don't know

8. Was your personal information kept private?

Very Satisfied    Satisfied    Dissatisfied    Very Dissatisfied    Don't know

9. Please circle any of the following ancillary services you may have been referred to, and rate it/them:

Laboratory:	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Don't know
Mammography:	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Don't know
Cat Scan:	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Don't know
Ultrasound:	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Don't know
Nuclear Med:	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Don't know
Radiology:	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Don't know
Physical Therapy:	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Don't know

10. Overall, how satisfied were you with the quality of care and services you received?

Very Satisfied      Satisfied      Dissatisfied      Very Dissatisfied      Don't know

11. How did you hear about the Group? Please circle all that apply:

*newspaper ad*      *word of mouth*      *printed article*      *physician referral*

12. Would you refer your family and friends to OMG?    **YES**      OR      **NO**

13. In the space provided, please write your comments and / or suggestions.

Name (OPTIONAL) \_\_\_\_\_