

SANDY CREST SPECIALISTS REFERRALS SURVEY

Name:
Age:
Gender:

For each item identified below, choose the number or answer that best fits your experience and opinion **of the specialist/doctor to whom you were referred.**

Description/Identification of Survey Item	Scale				
	P o o r	Good			E x c e l l e n t
1. How would you rate the courtesy of the Receptionist	1	2	3	4	5
2. How would you rate the cleanliness and comfort of the reception area	1	2	3	4	5
3. How would you rate the waiting time it took to see the doctor	1	2	3	4	5
4. How would you rate the cleanliness of the examination room	1	2	3	4	5
5. Please rate the doctor's professionalism	1	2	3	4	5
6. How would you rate the doctor's attitude	1	2	3	4	5
		YES	NO		
7. Were you reminded of your appointment by the doctor's receptionist?					
8. Were you kept up to date regarding your wait in the waiting area?					
9. Were you satisfied with the cost of the consultation/procedures?					
10. Were your questions answered to your satisfaction?					
11. Did you feel that the Doctor's examination was thorough?					
12. Would you recommend that specialist/doctor to others?					

Thank you very much Mr..... / Miss, Ms., Mrs.