



1200 N. West Avenue, Suite 400  
 Jackson, MI 49202  
 (517)-780-3336/FAX (517) 796-4561

## Physician Satisfaction Survey

Date: \_\_\_\_\_

Name: \_\_\_\_\_ (Optional)

I was seen today by:

Dr. Rehman    Dr. Nagesh    Dr. De Flon    Dr. Galecka    Dr. Saran

Please check the box that best represents your answer to the question.

During your visit today:

	Not At All	Sometimes	Usually	Always
1. Were you treated with courtesy and respect?				
2. Did you feel like your doctor listened to you?				
3. Did your doctor answer questions and explain things in a way that was understandable to you?				
4. Were you confident about your doctor's ability to provide care?				
5. Did you feel that your doctor was honest and trustworthy?				

6. Would you recommend this doctor to a friend?

Yes                  No

7. Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_