

PATIENT QUESTIONNAIRE

Dr. Martin and her staff are committed to providing you with the highest level of care and service. By combining our continuous efforts to improve your quality of care with your valuable feedback and suggestions, we can provide you and our future patients the highest quality of service.

Please take a few moments to tell us about your experiences with us. Your evaluation and comments are very important to us. Thank you for your time.

1. Who referred you to Dr. Martin? _____
2. How long have you been Dr. Martin's patient? _____
3. Why did you come to her? _____
4. Has her staff been courteous to you on the telephone? _____
5. Are the telephone messages that you leave with our office returned in a timely manner?

6. Was the time you spent in our waiting room excessive? _____
7. How would you rate our medical staff's professionalism when assisting you?

8. How would you rate the quality of care you received at Dr. Martin's office? _____

9. Was her office easy to find? _____
10. Was there ample parking when you arrived? _____
11. Do you use email and the internet? _____ May we have you email
please? _____
12. Are our office hours convenient? _____
13. Would you recommend other people to our office? _____
14. Do you have any suggestions so that we can improve the quality of you medical care?

GAYLE MARTIN, M.D.

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Phone 904-272-6955 Fax 904-272-5001

15. Regarding our billing department, do you feel that your billing concerns were handled in a timely and professional manner? _____ If not, please explain so that we may improve our billing service.

Thank you very much for your comments.

Your name

Today's Date