

TRI-COUNTRY FAMILY MEDICINE

PATIENT QUESTIONNAIRE

Please take a few moments to help us provide better service for all our patients.

Which Tri-County Center do you usually use?

___ Dansville ___ Cohocton ___ Nunda ___ Canaseraga ___ Wayland ___ Geneseo

Which MD or PA do you generally see? _____

COMMUNICATIONS

| | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| Is it difficult to schedule an appointment at the doctor's office? | ___ | ___ |
| Are you treated courteously on the telephone? | ___ | ___ |
| Is the staff courteous in the office? | ___ | ___ |
| Are your bills understandable? | ___ | ___ |
| Are your billing questions answered satisfactorily and courteously by our billing staff?..... | ___ | ___ |
| Are you able to talk with the Doctor or Nurse when necessary? | ___ | ___ |
| Did you find the PCAP staff courteous and helpful? | ___ | ___ |
| Would you recommend the PCAP Programs to others? | ___ | ___ |

MEDICAL

| | | |
|--|-----|-----|
| Do you wait in the waiting room longer than 30 minutes after your scheduled appointment time?..... | ___ | ___ |
| Do you wait a long time in the exam room? | ___ | ___ |
| Do the providers spend enough time with you? | ___ | ___ |
| Are your questions answered by the Doctor or Nurse? | ___ | ___ |
| Do you get the information needed to care for yourself at home? | ___ | ___ |
| Does the Doctor or Nurse explain what is going to be done during exams and treatments? | ___ | ___ |

SUGGESTIONS OR COMMENTS YOU MAY WISH TO MAKE

(Use other side for additional comments)

It is not necessary to sign your name, however, you may do so if you wish a reply to your concerns.

Thank you,
Joyce E. Wheaton
Administrator

Patient Signature