

Coleman Medical Associates Survey
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	Unsatisfactory	Poor	Fair	Good	Excellent
1. Ease of Registration Process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Friendliness/courtesy of the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Skill of staff providing your service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Respect for your privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Friendliness/Courtesy of the doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Overall rating of Office Visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We appreciate the opportunity to provide care to your Office Visit and we value your opinion. Comments and suggestions are welcomed. Thank you for choosing Coleman Medical Associates as your healthcare provider. Please place your survey in the suggestion box located by each main entrance and at the admissions office.

Patient Name: (optional) _____

Month: _____