

**PEDIATRIC OPHTHALMOLOGY AND STRABISMUS, INC.  
SURGICAL ASSOCIATES**

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**PATIENT SURVEY**

Welcome! Please take a few minutes to help evaluate our office so that we may offer you the best possible care.

1. Were you able to make an appointment easily and within a reasonable period of time period?  
YES \_\_\_\_\_ NO \_\_\_\_\_
2. Was the office staff helpful, courteous, and prompt?  
YES \_\_\_\_\_ NO \_\_\_\_\_
3. Did you have clear directions and know what you needed prior to your appointment?  
YES \_\_\_\_\_ NO \_\_\_\_\_
4. Did you have a long wait to see the doctor? YES \_\_\_\_\_ NO \_\_\_\_\_
5. Were your questions and exam explained clearly by the doctor?  
YES \_\_\_\_\_ NO \_\_\_\_\_
6. Did you find the information given while you were on hold helpful?  
YES \_\_\_\_\_ NO \_\_\_\_\_
7. Would you refer our practice to a friend? YES \_\_\_\_\_ NO \_\_\_\_\_
8. Was your visit for vision or medical? Vision \_\_\_\_\_ Medical \_\_\_\_\_
9. Was your appointment confirmed by phone prior to your visit?  
YES \_\_\_\_\_ NO \_\_\_\_\_
10. Who referred you to us? \_\_\_\_\_ PCP \_\_\_\_\_ Internet \_\_\_\_\_ Friend \_\_\_\_\_ Other \_\_\_\_\_
11. Did our Eyewear department meet your needs? \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_
12. How would you rate our office and waiting area?  
Very Good \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Poor \_\_\_\_\_
13. Have you had an opportunity to look at our web site [www.eyemdsforkids.com](http://www.eyemdsforkids.com)?  
\_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

Thank you for your help! Please add any additional comments or suggestions. Feel free to use the back of this sheet if more space is needed.

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Name and phone number (optional) \_\_\_\_\_