



**FAMILY
MEDICAL
CENTER**

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Patient Satisfaction Survey

To our patients: We are interested in receiving your feedback about the care provided at our office. Please take a few minutes to complete this survey and return it to us. Your responses are important to us.

How satisfied are you with the following?

Please circle your responses

		Extremely Dissatisfied	Very Dissatisfied	Satisfied	Very Satisfied	Extremely Satisfied
1	Ease of making appointments?	1	2	3	4	5
2	Ease of contacting the providers when our office is closed?	1	2	3	4	5
3	Ease in speaking directly to your provider when you call during office hours?	1	2	3	4	5
4	The time it takes someone from the office to respond when you call with a problem?	1	2	3	4	5
5	Waiting time in our office	1	2	3	4	5
6	Ease in obtaining follow-up information and care (test results, medicines, care instructions)?	1	2	3	4	5
7	Overall medical care at our office?	1	2	3	4	5
8	Our office's appearance and décor?	1	2	3	4	5
9	Our office's convenience (location, parking, hours, office layout)?	1	2	3	4	5
10	The way we teach you about improving your health?	1	2	3	4	5
11	The way your provider involves other doctors and caregivers in your care when needed?	1	2	3	4	5
12	How caring is your doctor?	1	2	3	4	5
13	How caring is our medical staff?	1	2	3	4	5
14	How caring is our office staff?	1	2	3	4	5
15	Would you recommend our clinic to your family or friends?	1	2	3	4	5

Do you have any comments?

Thank you very much for helping us improve the care we provide.