

# NORTHERN PINES

H E A L T H C E N T E R , P C

Our records show that you have been referred to \_\_\_\_\_ within the last 6 months. It is our desire to continually improve patient satisfaction and experience. As a result, we are conducting surveys, to ensure that the specialists we utilize are providing the standard of care that you, as our patient, deserve. We would appreciate it, if you could please fill out the attached survey and return it in the enclosed envelope.

Please contact our office with any questions at 231-269-4185. Thank you for your time.

Gender: Male / Female	Age: _____	Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
1) Friendliness/courtesy of the specialist						
2) Friendliness/courtesy of office staff						
3) Explanations the specialist gave you regarding your condition						
4) Instructions the specialist gave you about follow-up care (if any)						
5) Instructions the specialist gave you regarding medications prescribed (if any)						
6) Degree to which specialist talked with you using language you understood						
7) Amount of time specialist spent with you						
8) Your confidence in the specialist and the care provided						
9) Likelihood of your recommending this specialist to others						
Comments:						

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HEALTH CENTER, PC