



83 Herrick St., Beverly, MA 01930 • 978-927-4800

Provider's Name _____ Date of visit _____

Office location _____ Age (Optional) _____

Is this your first visit to the practice? Yes No

How long did you wait in reception before you were called into the exam room? _____

How long did you wait in an exam room before you were seen by your doctor or midwife? _____

	Excellent	Very Good	Good	Fair	Poor
Access To Care					
• Ease of scheduling your appointment					
• Courtesy of person who scheduled your appointment					
• Courtesy of call nurse, if you spoke with one					
During your visit					
• Courtesy of staff in the registration area					
• Atmosphere and level of comfort in the waiting area					
• Length of wait before going to an exam room					
• Comfort and pleasantness in the exam room					
• Friendliness / courtesy of the nurse / assistant					
• Waiting time in exam room before being seen by the provider					
Your Care Provider					
• Friendliness / courtesy of the care provider					
• Amount of time the care provider spent with you					
• Your confidence in this care provider					
• Likelihood of your recommending this care provider to others					
Our facility					
• Hours of operation convenient for you					
• Overall comfort of your visits					
• Adequate parking					
• Signage and directions easy to follow					
Overall Assessment					
• Our sensitivity to your needs					
• Our concern of your privacy					
• Overall cheerfulness of our practice					
• Overall cleanliness of our practice					
• Overall rating of care received during your visit					
• Likelihood of your recommending our practice to others					

Please write your comments on the back.

Check here if you used the back of this form for comments.