

ROUNDUP MEMORIAL HEALTHCARE-CLINIC

1207 2ND St W Roundup, MT 59072
 Phone: 406-323-3337; Fax: 406-323-3002
www.rmhmt.org

Patient Satisfaction Survey

In order to further improve our service, we ask that you complete a Patient Satisfaction Survey. All responses are strictly confidential and will be used to enhance the service you receive from Roundup Memorial Healthcare-Clinic.

Thank you for your time!

Did you have a: scheduled appointment or did you walk-in (please circle)

Name of the provider you saw _____

Please check the appropriate response

Scheduling your appointment	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Your phone call was answered promptly					
The receptionist was friendly and courteous					
You were able to schedule a convenient time					
Our hours of operation are convenient for you					
Your appointment					
Your wait to see the provider was less then 20 minutes					
Your nurse was friendly and courteous					
Your nurse was competent in performing procedures					
Your provider was friendly and courteous					
Your provider listened to your concerns					
Your provider answered your questions					
Your provider was able to diagnose your problem					
You felt like you received a thorough examination					
Your provider explained any tests or treatment options					
You were given adequate home care instructions					
You were able to make a convenient appointment for follow up care					
You usually receive your test results in a timely manner					
Facilities					
Was the waiting room clean/comfortable?	Yes	No			
Was the exam room clean/comfortable?	Yes	No			
Was the clinic rest room clean/comfortable?	Yes	No			
Would you recommend us to family/friends?	Yes	No			

Are there any additional services we can provide you?

Comments?

Please return to Receptionist or to wooden box in Waiting Room by windows. Thank you!