



Deak Vein NJ Clinic

In Office Laser Vein Treatment
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Patient Survey

In an effort to improve services to our patients, we continuously ask for feedback about our services. All responses are anonymous. You are not required to supply your name, unless you want us to contact you. Thank you for taking time to give us your opinion.

Tell us a little about you (please circle):

I Am: Male Female

My Age: 0-18 19-25 26-35 36-45 46-55 56-65 66-75 76+

Insurance: Medicare Medicare HMO HMO PPO Commercial No Insurance

My Zip code: _____

Please mark your feelings about the following statements:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
When I arrived at the office/ department, I felt welcome					

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The staff service was courteous and friendly.					
My insurance options were explained clearly.					
The time to schedule an appointment was reasonable.					
Dr. _____ clearly explained the procedure, including risks and possible complications.					
FDA restrictions about certain devices were explained clearly to me.					
Dr. _____ was receptive to questions.					
All of my questions were answered to my satisfaction.					
Dr. _____ was a good listener.					
When I arrived at the office, I waited 10 minutes or less for the doctor.					
This wait was acceptable.					
Service provided by the Patient Counselor met my needs.					
The educational materials met my needs.					
The materials provided me with enough information to make a decision about the procedure.					

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The pre-procedure instructions were clear.					

How could we have made your experience a better one?

If you would like someone to respond to your comment, please supply your name and phone number:

Thank you for your feedback!