



**peace arch**  
CARDIOLOGY

*partners in your  
cardiovascular health*

# patient satisfaction survey

We would like to know how you feel about the services we provide so we can make sure we are meeting your needs. Your responses are directly responsible for improving these services. All responses will be kept confidential and anonymous. Thank you for your time.

YOUR AGE \_\_\_\_\_

**Bellingham Location**  
1215 Old Fairhaven Parkway, Suite B  
Bellingham, WA 98225

tel 360.594.4002 | fax 360.594.4006

[www.PeaceArchCardiology.com](http://www.PeaceArchCardiology.com)

## PLEASE CIRCLE HOW WELL YOU THINK WE ARE DOING IN THE FOLLOWING AREAS

<b>EASE OF GETTING CARE</b>	great	good	ok	fair	poor
Ability to get in to be seen	5	4	3	2	1
Hours Center is open	5	4	3	2	1
Convenience of Center's location	5	4	3	2	1
Prompt return on calls	5	4	3	2	1

## WAITING

Time in waiting room	5	4	3	2	1
Time in exam room	5	4	3	2	1
Waiting for tests to be performed	5	4	3	2	1
Waiting for test results	5	4	3	2	1

## STAFF

### Provider: (Physician)

Listens to you	5	4	3	2	1
Takes enough time with you	5	4	3	2	1
Explains what you want to know	5	4	3	2	1
Gives you good advice and treatment	5	4	3	2	1

### Nurses and Technologists:

Friendly and helpful to you	5	4	3	2	1
Answers your questions	5	4	3	2	1

*continued on back*

# patient satisfaction survey

continued from front

<b>Front Desk and Office Staff</b>	great	good	ok	fair	poor
Friendly and helpful to you	5	4	3	2	1
Answers your questions	5	4	3	2	1

## **PAYMENT**

What you pay	5	4	3	2	1
Explanation of charges	5	4	3	2	1
Collection of payment	5	4	3	2	1

## **FACILITY**

Neat and clean building	5	4	3	2	1
Ease of finding where to go	5	4	3	2	1
Comfort while waiting	5	4	3	2	1
Privacy during exam	5	4	3	2	1

## **CONFIDENTIALITY:**

Keeping my personal information private	5	4	3	2	1
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## **GENERAL**

The likelihood of referring your friends and relatives to us:	5	4	3	2	1
Do you consider this center your regular source of care?	Yes		No		

**WHAT DO YOU LIKE BEST ABOUT OUR CENTER?**

**WHAT DO YOU LIKE LEAST ABOUT OUR CENTER?**

**SUGGESTIONS FOR IMPROVEMENT?**