

**PATIENT SURVEY**

PATIENT NAME: \_\_\_\_\_

DATE OF SERVICE: \_\_\_\_\_

Please indicate your impression of the following items having to do with your recent appointment with David L. Twomey, Audiologist. Your comments and suggestions are appreciated and may be indicated under "COMMENTS" below.

	Poor	Satisfactory			Excellent
1. Registration process	1	2	3	4	5
2. Hearing testing	1	2	3	4	5
3. Waiting time before I saw the audiologist	1	2	3	4	5
4. Investigation of my complaint by the audiologist	1	2	3	4	5
5. Explanation of my hearing loss by the audiologist	1	2	3	4	5
6. Treatment recommended	1	2	3	4	5
7. Office personnel and other staff	1	2	3	4	5
8. Overall impression of our office	1	2	3	4	5

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

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