

Peraza Dermatology Group

252 Broad Street

Claremont, New Hampshire 03743

Telephone: 603.542.6455 | Facsimile: 603.543.0736

www.perazaderm.com

José E. Peraza, M.D., F.A.A.D. | Daniel M. Peraza, M.D., F.A.A.D. | Ashwin L. Kumar, P.A.-C | Kira M. Schachinger, P.A.-C

PATIENT QUESTIONNAIRE

In an effort to assure quality patient care in our facility, we would appreciate your completing the following questionnaire and returning it to us.

YES **NO**

- 1. Were our phones answered quickly and professionally?
- 2. If you were on hold, was the hold time reasonable?
- 3. Were you provided with insurance information, appointment information, and instructions to the office when you called our office?
- 4. Were you greeted promptly and courteously upon your arrival to our office?
- 5. Did you find our forms easy to complete?
- 6. Did you find the forms too lengthy?
- 7. Was the staff helpful and courteous during the check-in process?
- 8. Was the staff helpful and courteous during your check-out process?
- 9. If you had a copayment or deductible, was the reason for the amount you had to pay explained to you in a satisfactory manner?
- 10. Were all your insurance questions answered competently and politely?
- 11. Did the Physician discuss your condition/procedure to your satisfaction?
- 12. Were you well-informed of the date and time of your appointment?
- 13. Did the appointment begin at the scheduled time?
- 14. Was the environment comfortable, organized and clean?
- 15. Did the staff make themselves available to answer your questions and explain procedures?
- 16. Did you receive your prescriptions (if any) as discussed during the exam?
- 17. Were there any problems you did not anticipate?

Explain: _____

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Patient Questionnaire (continued)

18. Which did you and your family find most informative?
 Staff members Brochures Web site

19. On the day of your visit:
a. What did you like best? _____
b. What did you like least? _____

20. How might we improve? _____

Please Rate the Following

Excellent	Average	Deficient	
_____	_____	_____	1. Courtesy of the Staff
_____	_____	_____	2. Professionalism of the Staff
_____	_____	_____	3. Efficiency of the Staff
_____	_____	_____	4. Clarity of Instructions Given
_____	_____	_____	5. Effectiveness of Post-operative Teaching
_____	_____	_____	6. Explanation of Costs and Insurance Coverage

Date of Office Visit: ___ / ___ / ___

Name (Optional): _____

**Thank you for your comments.
Please return questionnaire to the front desk.**