



Patient Satisfaction Survey

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Thank you for your comments and choosing Via for your healthcare needs!

Date of Service: _____ Exam/Procedure: _____
What is your zip code? _____ Referring Physician: _____

Please circle the appropriate rating for each question. We appreciate your feedback!

1. My appointment was scheduled at a day and time convenient for me.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
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2. Before my exam/procedure, I received all the necessary information to prepare for my visit.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
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3. I was greeted at check-in and the receptionist was friendly, courteous, and helpful.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
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4. I felt my wait time was reasonable and appropriate.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
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5. The facility was clean and comfortable.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
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6. The provider who performed my exam/procedure was knowledgeable, friendly, and attentive.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
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7. The provider offered clear explanations about my exam/procedure and answered any questions.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
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8. I was treated with sensitivity to help with any pain or discomfort.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
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9. Overall, I was very pleased with my visit and would recommend Via to family and friends.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
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Additional Compliments or Concerns

Via Provider Name _____

Name and Contact Information (Optional): _____