



OFFICE LOCATION: (Please circle one) CLEAWATER PALM HARBOR SEMINOLE

PHYSICIAN/PROVIDER: (please circle one) YAMANI PATEL-ELIO GILLESPIE HANLEY BENJOUALI

SOME INFORMATION ABOUT YOU :

GENDER

- Male
- Female

ARE YOU:

- New Patient
- Returning Patient

YOUR AGE:

- 18-30 31-40 41-50
- 51-60 Over 60

Please tell us your opinion about the services you have received from our office. Your responses will be kept strictly confidential. We appreciate your time and thank you for your assistance so we can better serve you.

PLEASE RATE THE FOLLOWING :

	Excellent	Very Good	Good	Fair	Poor	Does not apply
A. YOUR APPOINTMENT :						
1. Ease of making appointment by phone	5	4	3	2	1	N/A
2. Appointment available within a reasonable amount of time	5	4	3	2	1	N/A
3. Getting care for illness/injury as soon as you wanted it	5	4	3	2	1	N/A
4. Getting after-hours care when you needed it	5	4	3	2	1	N/A
5. The efficiency of the check-in person	5	4	3	2	1	N/A
6. Waiting time in the reception area	5	4	3	2	1	N/A
7. Waiting time in the exam room	5	4	3	2	1	N/A
8. Keeping you informed if your appointment time was delayed	5	4	3	2	1	N/A
9. Ease of getting a referral when you needed one	5	4	3	2	1	N/A
B. OUR STAFF:						
1. The courtesy of the person who took your call	5	4	3	2	1	N/A
2. The friendliness and courtesy of the receptionist	5	4	3	2	1	N/A
3. The caring concern of our nurses/medical assistants	5	4	3	2	1	N/A
4. The helpfulness of the people who assisted you with billing or insurance	5	4	3	2	1	N/A
5. The professionalism of our lab or ultrasound	5	4	3	2	1	N/A
C. OUR COMMUNICATION WITH YOU:						
1. Your phone calls answered promptly	5	4	3	2	1	N/A
2. Getting advice or help when needed during office hours	5	4	3	2	1	N/A
3. Explanation of you procedure (if applicable)	5	4	3	2	1	N/A
4. Your test results reported in a reasonable amount of time	5	4	3	2	1	N/A

www.allcare4u.com

1745 S Highland Avenue
Clearwater, FL 33756
Ph (727) 587-0377
Fax (727) 587-0527

1115 Florida Avenue
Palm Harbor, FL 34683
Ph (727) 259-2300
Fax (727) 259-2305

8900 Park Blvd N.
Seminole, FL 33777
Ph (727) 545-4545
Fax (727) 548-1360



5. Effectiveness of our health information materials	5	4	3	2	1	N/A
6. Our ability to return your calls in a timely manner	5	4	3	2	1	N/A
7. Your ability to contact us after hours	5	4	3	2	1	N/A
8. Your ability to obtain prescription refills by phone	5	4	3	2	1	N/A

D. YOUR VISIT WITH THE PROVIDER (Doctor/Nurse Practitioner)

1. Willingness to listen carefully to you	5	4	3	2	1	N/A
2. Taking time to answer your questions	5	4	3	2	1	N/A
3. Amount of time spent with you	5	4	3	2	1	N/A
4. Explaining things in a way you could understand	5	4	3	2	1	N/A
5. Instructions regarding medication/ follow-up care	5	4	3	2	1	N/A
6. The thoroughness of the examination	5	4	3	2	1	N/A
7. Advice given to you on ways to stay healthy	5	4	3	2	1	N/A

E. OUR FACILITY

1. Hours of operation convenient for you	5	4	3	2	1	N/A
2. Overall comfort	5	4	3	2	1	N/A
3. Adequate parking	5	4	3	2	1	N/A
4. Signage and directions easy to follow	5	4	3	2	1	N/A

F. YOUR OVERALL SATISFACTION WITH :

1. Our practice	5	4	3	2	1	N/A
2. The quality of your medical care	5	4	3	2	1	N/A
3. Overall rating of care from the provider or nurse	5	4	3	2	1	N/A

WOULD YOU RECOMMEND THE PROVIDER TO OTHERS Yes 1 No 2
If no, please tell us why:

Please tell us of any ways we can improve our services to you :

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