



PATIENT SURVEY INITIAL CONSULTATION

For what reason were you seen by Dr. Marefat: _____

How did you learn about our practice?

- | | |
|-----------------------------------------------------------|------------------------|
| <input type="checkbox"/> Physician referral | Name: _____ (optional) |
| <input type="checkbox"/> Friend or relative (non-patient) | Name: _____ (optional) |
| <input type="checkbox"/> Another patient | Name: _____ (optional) |
| <input type="checkbox"/> Yellow Pages | |
| <input type="checkbox"/> Internet | |
| <input type="checkbox"/> Other: _____ | |

Were you able to get an appointment time that was convenient for you? Y N

In which office were you seen? _____

Was the location convenient for you? Y N

Did you find our staff helpful on the phone when you made your appointment? Y N

What did you **like** about our office? _____

What did you **dislike** about our office? _____

How were we able to answer your questions?

- Very well
- Acceptable
- Not well
- Other: _____

What factor is most important to you in choosing a plastic surgeon?

- Reputation of the Surgeon
- Level of comfort with the surgeon and his/her staff
- Price
- Other: _____

Would you recommend us to your friends or relatives? Y N

Rate our practice on a "zero-to-ten" scale (10 being the best): _____

Would you like to be on our mailing list? Y N

Email address: _____