Patient Satisfaction Survey, Ambulatory Clinic

University of California, Irvine - Internal Medicine Residency

Dear Patient:

Our training program wishes to provide the best possible care to our patients and the best possible education for our resident physicians. Part of that training is to make sure that our residents know how to communicate with their patients and address their concerns. We would appreciate you taking a moment to answer a few questions. We will only use your answers to help better train our doctors. We will not identify you by name or show your results to your doctor. Thank you.

Lesident Doctor's Name:					Date	:			
. How many times have you seen this doctor, including today? 1						3	4	5+	
. Do you consider this doctor to be	your reg	ular doct	or?	Yes		No			
Would you recommend this doctor to your friends or family? Yes						Maybe		No	
. Do you know how to get in touch	n with you	r doctor	if you have	a prob	lem?	Yes		No	
lease rate this doctor based upon The resident doctor I saw today:	Yes	nes you No	The resident doctor I saw today:				,	Yes	No
Gave me a chance to talk and tell my whole story.			Asked for my opinion.						
Listened carefully to my concerns.			Seemed operson.	concerr	ned wit	h me as	a		
Dealt with all my concerns and problems.			Was easy to talk to.						
Used language I understood.			Gave me enough time.						
Explained things in a way I could understand.			Considered my personal comfort.						
Please write any additional comme	ents and f	eedback	. Thank yo	ou for y	our ti	me!			
Comments:									
Please write any additional comme	ents and f	eedback	. Thank yo	ou for y	our ti	me!			