

Date: _____

C O L U M B I A
SKIN CLINIC
Patient Satisfaction Survey
How Did We Do?

Please take a few minutes to fill out this survey on the quality of service you have received at your most recent visit. Columbia Skin Clinic honors your feedback and your responses will be used to improve our future performance. Thank you for choosing Columbia Skin Clinic for your dermatology needs.

Surveys may be returned by mail to 3 Richland Medical Park Drive, Suite 500 Columbia, SC 29203 or by fax to 803-343-2538. You may also return the survey at your next appointment.

- Are you a new patient with Columbia Skin Clinic? YES NO
- At what location was your appointment? Columbia Irmo Camden
- Who was your care provider?
- Dr. Cashman Dr. Chow Dr. James Dr. Laws
 Dr. Mouzakis Dr. Zimmerman Anna McKie, PA Laura Winn, PA
 Esthetician Laser Tech Other Staff Member: _____
- How did you hear about Columbia Skin Clinic?
- Friend or Family Doctor Website or Internet Search Other: _____

Please circle the degree in which you agree or disagree with each statement based on the following scale:

1 = Strongly Disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree N/A = Not Applicable

1. Columbia Skin Clinic's website was easy to navigate and I could find information easily.
1 2 3 4 5 N/A
2. When I called for an appointment I was helped promptly.
1 2 3 4 5 N/A
3. The phone representative was friendly, helpful, and knowledgeable.
1 2 3 4 5 N/A
4. When I checked in I was greeted by the front desk staff in a warm, friendly manner.
1 2 3 4 5 N/A
5. My wait time in the lobby was reasonable.
1 2 3 4 5 N/A
6. The lobby was clean and orderly.
1 2 3 4 5 N/A
7. During my visit, the clinical staff was professional, knowledgeable, and helpful.
1 2 3 4 5 N/A
8. The provider was compassionate and caring.
1 2 3 4 5 N/A
9. The provider answered all of my questions and explained my diagnosis and treatment in a manner that was easy to understand.
1 2 3 4 5 N/A

10. My exam room was clean and ready for me.

1 2 3 4 5 N/A

11. I am satisfied with the amount of time my provider spent with me.

1 2 3 4 5 N/A

12. My overall experience with Columbia Skin Clinic was positive.

1 2 3 4 5 N/A

13. At checkout I was helped promptly.

1 2 3 4 5 N/A

14. The checkout staff was professional and thoroughly answered any questions I had.

1 2 3 4 5 N/A

15. I would recommend Columbia Skin Clinic to others.

1 2 3 4 5 N/A

Would you like someone from the office to follow up with you? YES NO

If yes, please list your name and contact number: _____

Additional Comments: