



# BOND COMMUNITY HEALTH CENTER, INC.

## Patient Satisfaction Survey

We would like to know what you think about the services we provide so we can continue to meet your needs. Your responses are directly responsible for improving the services rendered. All responses will be kept confidential and anonymous. Thank you for your time

<b>Information About You (Please Circle)</b>				
Please Circle	<b>Male</b>	<b>Female</b>	<b>New Patient</b>	<b>Current Patient</b>
<b>Your Age: Please Circle</b>	Under 18 yrs.	18-30yrs.	31-45yrs.	46-60yrs.    60yrs.+
<b>Race: Please Circle</b>	White	Black	Pacific Islander	Asian    Hispanic or Latino    Unknown
	American Indian/Alaska Native    Other (Please fill in):			
<b>Ethnicity: Please Circle</b>	Hispanic/Latino or Non-Hispanic			
<b>Payment Type: Please Circle</b>	Cash/Sliding Fee		Insurance _____	
Do you think our medical and/or dental fees are reasonable?			Yes	No
<b>Location of Service: (Please Circle One)</b>				
Bond CHC-Main Site	Bond on Magnolia	Mobile Unit	Bond Specialty & Wellness Center	Kay Freeman Ctr.
Which is your Team?	Team-Silver	Team-Red	Team-Purple	Team-Gold
	Team-Green	Team-Blue (Dental/Smile Connection)		Team-Pink
Date of Service:	Appointment/Visit Time:		Provider Name:	
Within the last 12 months, please rate our performance in the following areas:			Always 4	Usually 3
			Sometimes 2	Never 1
<b>Access to Care:</b>				
Ease of getting Care/Access to Medical Care?			4	3
Services were accessible during posted hours of operation?			4	3
Scheduling check-ups/routine appointments as soon as needed with your provider or a member of the team?			4	3
Scheduling appointments for urgent concerns (non-life threatening) as soon as needed?			4	3
Phone calls are returned within 24 hours or by end of day?			4	3
Ability to have your medical questions/concerns answered by the end of day?			4	3
How often are you seen on time for your appointment?			4	3
<b>Customer Service &amp; Communication:</b>				
Team acknowledges me upon arrival?			4	3
Team is friendly and professional?			4	3
Team assists me with the completion of paperwork?			4	3
Team answers questions in a way that I can understand?			4	3
Information about services offered at Bond and community events provided and/or posted in the facility?			4	3
My personal and health information is kept confidential?			4	3
Team is courteous and respectful each visit?			4	3
<b>Your Medical Home Care Team:</b>				
Have you received any information explaining Patient Centered Medical Home?			Yes	No

I have been given the ability to ask questions, to better understand what a medical home is and how it benefits my care as a patient?	Yes		No	
Answers any questions I have, regarding any referrals to Specialists?	4	3	2	1
My team listens and takes adequate time with me and/or my family members?	4	3	2	1
My team clearly explains information relevant to patient(s) care in a way that I can understand?	4	3	2	1
My team provides good advice and treatment?	4	3	2	1
My team follows up with me regarding lab & other test results?	4	3	2	1
My team discusses any Self-management - things I must do to maintain my health?	4	3	2	1
Team is friendly and professional?	4	3	2	1
Team answer questions in a way that is easy to understand?	4	3	2	1
Do you consider this Center your regular source of care?	Yes		No	
<b>Pharmacy Services:</b>				
Ease of getting medication/access to the Pharmacy?	4	3	2	1
When picking up a prescription, were the Pharmacy hours convenient to your needs?	Yes		No	
When waiting for a prescription, did your wait time exceed 30mins?	4	3	2	1
Pharmacy team is friendly and professional?	4	3	2	1
My questions were answered in a way I can understand?	4	3	2	1
<b>Lab Services:</b>				
Ease of getting access to the Laboratory for Blood work?	4	3	2	1
When getting Lab work completed, were the Lab hours convenient to your needs?	Yes		No	
When waiting for Lab work, did your wait time exceed 30mins?	4	3	2	1
Lab team is friendly and professional?	4	3	2	1
My questions were answered in a way I can understand?	4	3	2	1
<b>Support Services: (Eligibility, Social Services &amp; Case Management)</b>				
Service providers are available to meet with me when needed?	4	3	2	1
Team assists in the completion of paperwork for benefits?	4	3	2	1
My questions were answered in a way I can understand?	4	3	2	1
Is information about services offered at Bond and community events provided?	4	3	2	1
<b>Overall Care Experience:</b>				
Would you recommend Bond as a place to receive care to family and friends?	Yes		No	
If yes, why?				
If no, why?				
Please share any other comments or feedback you have about your visit:				
<b>If you would like someone to contact you, to discuss further, please provide your contact information below.</b>				
<b>Name:</b>	<b>Address:</b>		<b>Phone:</b>	