

Patient Satisfaction Survey

Excellent care and patient satisfaction are our top priorities at Axelix Health Consulting, Inc. (AHCI). We strive to meet the needs and expectations of our patients with regard to quality, service, access, and safety.

Please take a moment to let us know how we are doing and how we can improve the level of care to our patients.

Kindly complete the survey and return in the self-paid envelope.

Feel free to contact the office (440-867-4800) and ask for Abbey if you have any questions. Thank you, Olusegun Ogunlesi, MD

Name (optional): _____

Phone # (optional): _____

Appointment Date: _____

Please rate your satisfaction with each item by placing a check mark in the appropriate box to the right of each question.	Very Poor	Poor	Fair	Good	Very Good	N/A
Ease of getting through to the office by phone						
Timeliness of appointment date						
Courtesy of the front desk person who took your personal/insurance information/check in process						
Our concern for your privacy						
Friendliness/courtesy/professionalism of the nurse/medical assistant						
Amount of time you waited in our office before seeing the doctor						
Respect/concern of the doctor toward you and your medical condition						
Degree to which the doctor explained your medical condition						
Degree to which the doctor answered your questions						
Promptness of returning phone calls and test results						
Cleanliness of the office						
Overall rating of care received during your visit						
Likelihood of you recommending this practice to others						

Your referral is the greatest compliment we can receive!

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What did you like best about our practice?

What did you like the least about our practice?

In what ways do you recommend we can improve our services?

**Is there anyone in the practice that provided you exceptional service you would like to recognize?
Kindly provide the name of the individual and what they did?**

Thank you for taking the time to complete this survey.

Your feedback is very important to us.

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