



NEW BEGINNINGS

ORTHOTICS + PROSTHETICS

300 Toll Gate Rd Suite 101B

Warwick, RI 02886

Phone: 401-593-NBOP (6267)

Fax: 401-593-6268

Patient Satisfaction Survey

Patient Name (optional): _____

Date of Appointment: _____

1. Upon arrival, how would rate your experience with our administrative staff?
 Friendly/Helpful Pleasant Rude Not acknowledged No receptionist
2. Were your copays and/or deductibles explained to you?
 Yes No Not Applicable
3. Did you discuss your goals and objectives related to your care with your provider?
 Yes No
4. How satisfied are you with your device(s)?
 Satisfied Mostly satisfied Neutral Mostly dissatisfied Dissatisfied
5. Please rate the training you (or your caregiver) received about the device(s):
 Excellent Very Good Good Fair Poor I received no training
6. If you had any questions, problems, or concerns about your care, were they addressed in a timely manner?
 Yes No I had no questions
7. Please rate your overall satisfaction with the care you received at our practice.
 Satisfied Mostly satisfied Neutral Somewhat dissatisfied Mostly dissatisfied
8. Would you recommend our practice to your friends or family if they had a need for our services?
 Yes No Not sure

FOR PROSTHETIC PATIENTS ONLY:

9. Using the following scale, how comfortable is your socket?

0 to 10 scale with 0 being no pain and 10 being very painful

0 1 2 3 4 5 6 7 8 9 10

10. Additional comments: _____

11. Would you like for us to contact you? If so, please provide your name and phone number.

Name:	Phone:
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We value your feedback! Please complete and return this survey to our office:

Mail: 300 Toll Gate Rd Suite 101B Warwick, RI 02886

Fax: 401-593-6268

Email: jpelkey@nbopri.com (Please DO NOT include any personal information if emailing this document)

You may also leave a copy at the front desk or return it at your next appointment.