



## Client Satisfaction Survey

We want to know how we're doing. By telling us what you thought of our services, we can find ways to improve and serve you better. Please answer the survey questions provided below:

**You may mail or Fax the satisfactory survey to: 817.473.2477**

\* = Required Information

\*1. Please rate the quality of the services you received from us:

Excellent  Good  Fair  Poor

\*2. Please rate the information we provided on our website:

Excellent  Good  Fair  Poor

\* 3. Please rate our staff in terms of efficiency:

Excellent  Good  Fair  Poor

\*4. Please rate our responsiveness to feedback:

Excellent  Good  Fair  Poor

\*5. Please rate your overall experience with our services:

Excellent  Good  Fair  Poor

\*6. Would you recommend us to friends and family?

Yes  No

Please Comment:

Completed by: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_