

American Limb & Orthopedic Company of Valparaiso

As your Orthotic-Prosthetic Provider we would like to know how you feel about our interaction in your health care. We appreciate you taking the time to complete this questionnaire. Your answers will help us identify problem areas as well as affirm those things we are doing properly.

1. Approximately how long ago was your last visit? _____

2. Approximately how long did you have to wait in the reception area?

In minutes _____0 _____5 _____10 _____15 _____30 _____other

3. How satisfied are you with the office hours/days?

_____very _____somewhat _____somewhat not _____not at all

4. How well do payment/billing policies meet your needs?

_____very _____somewhat _____somewhat not _____not at all

5. How patient and caring do you find your staff to be?

_____very _____somewhat _____somewhat not _____not at all

6. How patient and caring do you find the practitioner to be?

_____very _____somewhat _____somewhat not _____not at all

7. How satisfied are you with the amount of time the practitioner spent with you explaining your condition and the use of the orthotic/prosthetic appliance?

_____very _____somewhat _____somewhat not _____not at all

8. After you were fitted with your orthopedic appliance, did you follow through with the practitioners recommendations?

_____yes _____no

9. Would you recommend American Limb & Orthopedic Company of Valparaiso to others?

_____yes _____no

Comments: _____

Name(optional): _____

By working together, listening to each other, and keeping the lines of communication open, we can help assure your continued good health. You have taken the first step by filling out this questionnaire. Your comments will be helpful in making any needed changes. We value you as a patient and want to continue caring for you.