



**Kevin D. Plancher, MD**

**Joseph M. Bellapianta, MD**

**Michael L. Mangonon, DO**

**Andrew J. Paulson, ANP**

**Melissa A. Raddatz, FNP**

*Please check off your provider*

Dear Patient: According to our records, you recently visited Plancher Orthopaedics & Sports Medicine; **please be sure to check off your provider above.** This survey will tell us your opinion about the service you received from your provider and staff. Your responses will be kept strictly confidential. Thank you for your help.

**PLEASE RATE THE FOLLOWING:**

	Excellent	Very Good	Good	Fair	Poor	Does Not Apply
<b>A. YOUR APPOINTMENT:</b>						
1. Ease of making appointments by phone	5	4	3	2	1	-
2. Appointment available within a reasonable amount of time	5	4	3	2	1	-
3. Getting care for your injury as soon as you wanted it	5	4	3	2	1	-
4. The efficiency of the check-in process	5	4	3	2	1	-
5. Waiting time in the reception area	5	4	3	2	1	-
6. Waiting time in the exam room	5	4	3	2	1	-
7. Keeping you informed if your appointment time was delayed	5	4	3	2	1	-
8. Ease of getting a referral when you needed one	5	4	3	2	1	-
<b>B. OUR STAFF:</b>						
1. The courtesy of the person who took your call	5	4	3	2	1	-
2. The friendliness and courtesy of the front desk staff	5	4	3	2	1	-
3. The caring concern of our nurse practitioners	5	4	3	2	1	-
4. The caring concern of our athletic trainers	5	4	3	2	1	-
5. The helpfulness of the people who assisted you with billing or insurance	5	4	3	2	1	-
6. The professionalism of our x-ray technologists	5	4	3	2	1	-
<b>C. OUR COMMUNICATION WITH YOU:</b>						
1. Do you have a telephone Management Plan?	YES	1			NO	2
2. Your phone calls answered properly and timely	5	4	3	2	1	-
3. Getting advice or help when needed during office hours	5	4	3	2	1	-
4. Explanation of your procedure (if applicable)	5	4	3	2	1	-
5. Your test results reported in a reasonable amount of time	5	4	3	2	1	-
6. Effectiveness of our health information materials	5	4	3	2	1	-
7. Our ability to return your calls in a timely manner	5	4	3	2	1	-
8. Your experience with our after-hours answering service	5	4	3	2	1	-

**PLEASE COMPLETE THE OTHER SIDE**



	Excellent	Very Good	Good	Fair	Poor	Does Not Apply
<b>D. YOUR VISIT WITH THE PROVIDER: (Doctor, Nurse Practitioner)</b>						
1. Willingness to listen carefully to you	5	4	3	2	1	-
2. Taking time to answer your questions	5	4	3	2	1	-
3. Amount of time spent with you	5	4	3	2	1	-
4. Explaining things in a way you could understand	5	4	3	2	1	-
5. Instructions regarding medication/follow-up care	5	4	3	2	1	-
6. The thoroughness of the examination	5	4	3	2	1	-
7. Advice given to you on ways to stay healthy	5	4	3	2	1	-

	CT Office			NYC Office		
<b>E. OUR FACILITY:</b>						
1. Which one of our offices were you treated in (check one)?						
2. Hours of operation convenient for you	5	4	3	2	1	-
3. Overall comfort	5	4	3	2	1	-
4. Adequate parking	5	4	3	2	1	-
5. Signage and directions easy to follow	5	4	3	2	1	-

<b>F. YOUR OVERALL SATISFACTION WITH:</b>						
1. Our practice	5	4	3	2	1	-
2. The quality of your medical care	5	4	3	2	1	-
3. Overall rating of care from your provider	5	4	3	2	1	-

**WOULD YOU RECOMMEND YOUR PROVIDER TO OTHERS?** YES 1 NO 2  
**PLEASE TELL US WHY:**

---



---

**IF THERE IS ANY WAY WE CAN IMPROVE OUR SERVICES TO YOU, PLEASE TELL US ABOUT IT:**

---



---



---

**HOW DID YOU FIND US** *(please select from drop-down menu):*

Additional Information: \_\_\_\_\_

**SOME INFORMATION ABOUT YOU:**

**GENDER**

Male 1  
 Female 2

**YOUR AGE**

Under 18 1  
 18-30 2  
 31-40 3  
 41-50 4  
 51-60 5  
 Over 60 6

**ARE YOU:**

A new patient 1  
 A returning patient 2

***Thank you for helping us help you in your care!***