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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
A. YOUR APPOINTMENT:						
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. OUR STAFF:						
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	-
C. OUR COMMUNICATION WITH YOU:						
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
D. YOUR VISIT WITH THE PROVIDER: (Doctor, Nurse Practitioner)						
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		
E. OUR FACILITY:						
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	-

F. YOUR OVERALL SATISFACTION WITH:						
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!