



MedNow Clinic
5 Long Lane
Ellsworth Maine 04605

How Are We Doing?

Please take a few minutes to fill out this survey on the timeliness and quality of the service you received today. MedNow Clinic welcomes your feedback and your answers will be kept confidential. Thank you for your participation.

General Patient Information

In general, what is the quality of your health?

- Outstanding Good Some chronic issues Poor

How would you rate our concern for your privacy?

- Outstanding Good Adequate Needs improvement Poor N/A

How often have you visited MedNow Clinic within the past year?

- First Visit 2-5 Visits More than 6

Scheduling Your Appointment

Did you schedule an appointment by phone or did you drop in?

- Scheduled by phone Dropped in

If you scheduled an appointment, did you have to wait longer than expected to get scheduled?

- Yes No

How easy was it to make an appointment by telephone?

- Very easy Very difficult

How long did you wait to speak to a scheduling staff member?

- 0 to 2 minutes 3 to 5 minutes 5 to 7 minutes Longer



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The Provider

Did you feel that your provider spent an adequate amount of time with you?

- Yes No N/A

Mark the boxes that characterize the demeanor of your provider:

- Attentive Concerned Friendly Distracted Rushed Inconsiderate

How would you rate the competence of your provider?

- Outstanding Good Adequate Needs improvement Poor N/A

Did you feel that your provider's examination was thorough?

- Yes No N/A

Please rate the clarity of the provider's explanation of your condition and treatment options:

- Outstanding Good Adequate Needs improvement Poor N/A

How well did your provider include you in healthcare decisions?

- Outstanding Good Adequate Needs improvement Poor N/A

Were your questions answered to your satisfaction?

- Yes No N/A

Would you recommend this facility and its staff to your family and friends?

- Yes No N/A

The Lab Staff

How would you rate the professionalism and competence of the person who took your blood and worked on your lab exam?

- Outstanding Good Adequate Needs improvement Poor N/A



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If you received a lab exam, was the service prompt, comfortable, and courteous?

- Outstanding Good Adequate Needs improvement Poor N/A

Additional Feedback

Please list any areas in which our service could be improved.

Please share any additional comments.

Personal Information (OPTIONAL)

Providing the following information is optional.

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: _____ Gender: _____ Age: _____

Would you like someone to contact you regarding your responses on this survey?

- Yes No

Thank you for taking the time to fill out our survey. We rely on your feedback to help us improve our services. Your input is greatly appreciated.