

OCCUPATIONAL CLINIC – EMPLOYEE SATISFACTION SURVEY

Our employees are very important to us and we want to ensure they receive the best medical care and treatment when they sustain an injury or illness on the job. To help in this endeavor we would appreciate your personal feedback pertaining to your experience with the occupational clinic you were first referred to. Your feedback will assist us in providing feedback to the clinics we use and assist in selecting quality physicians and clinics. Thank you for your time.

PLEASE COMPLETE AND RETURN TO YOUR EMPLOYER'S WORKERS' COMPENSATION COORDINATOR

Employee Name: _____
Date of Exam: _____
Date of Injury/Illness: _____
Name of Medical Facility: _____
Name of Physician: _____




Please Rate the Following:

| | | | | | | |
|-----|--|-----------|------|------|------|-----|
| 1. | How courteous was the receptionist | Excellent | Good | Fair | Poor | N/A |
| 2. | Did the physician give you a sense of caring | Excellent | Good | Fair | Poor | N/A |
| 3. | Overall care given to control pain and discomfort | Excellent | Good | Fair | Poor | N/A |
| 4. | The amount of time the physician spent with you | Excellent | Good | Fair | Poor | N/A |
| 5. | Explanation from the physician about your treatment plan | Excellent | Good | Fair | Poor | N/A |
| 6. | Your level of comfort with the physician's explanation | Excellent | Good | Fair | Poor | N/A |
| 7. | The time the physician spent with you | Excellent | Good | Fair | Poor | N/A |
| 8. | How would you rate the physical exam | Excellent | Good | Fair | Poor | N/A |
| 9. | Your confidence with the physician | Excellent | Good | Fair | Poor | N/A |
| 10. | Rate overall appearance of the facility | Excellent | Good | Fair | Poor | N/A |

11. Do you feel more should have been done to improve your visit? ☐ Yes ☐ No
If Yes, please explain:

12. How likely are you to recommend the clinic to a co-worker?

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|----|

Not at all likely    Extremely Likely

13. Please feel free to expand on any question or comment you would change about your office visit to improve service: