

**PATIENT SURVEY**

PARS INTERVENTIONAL PAIN & WELLNESS CENTER

DATE: \_\_\_\_\_

The information gathered from this survey will help us in our continued effort to improve the quality of care provided to you, and all of our patients. Pars Interventional Pain & Wellness Center greatly appreciates your input. Please circle which provider(s) were associated with your care today.

Gregory D'Eramo, MD

Dr. Pete Pantelidis, M.D.

Christina Adams, PA-C

Chrissy Mayo, FNP,BC

Julie Ward, FNP

**Please grade us using the following scale: 1-Poor 2-Fair 3-Good 4-Very Good 5-Excellent**

1. Was your appointment scheduled in a reasonable amount of time..... **Yes or No**

If No please explain \_\_\_\_\_  
\_\_\_\_\_

2. Was your wait longer than anticipated on the day of your appointment..... **Yes or No**

If YES please explain \_\_\_\_\_  
\_\_\_\_\_

3. Was the paperwork easy to understand and complete..... **1 2 3 4 5**

Comments \_\_\_\_\_  
\_\_\_\_\_

4. How were you treated by our office staff..... **1 2 3 4 5**

Comments \_\_\_\_\_  
\_\_\_\_\_

5. Did the provider explain things clearly and answer all your questions..... **1 2 3 4 5**

Comments \_\_\_\_\_  
\_\_\_\_\_

6. What can we do to improve your next visit \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_