



Patient Surveys

	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
The scheduling was easy and convenient for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I received a friendly greeting when arriving at the clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The staff seemed professional and organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The doctor was concerned with my medical & mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The doctor explained all medical tests and terms to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The doctor spent a sufficient amount of time with me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The doctor was as thorough as I felt was needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The doctor listened carefully to my concerns.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services offered at RMC exceeded my expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am aware that Romeo Medical Clinic offers:					
Aesthetic Medicine including Botox and fillers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports Medicine Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An Acne Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	None	less than 10 min	less than 20 min	less than 30 min	more than 30 min
The wait in the <u>waiting room</u> was	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The wait in the <u>exam room</u> was	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Doctor I saw today was:		My primary Doctor is:		Additional Comments: _____	
<input type="checkbox"/> Michael Romeo MD <input type="checkbox"/> Samuel Romeo MD <input type="checkbox"/> Christopher Hawley MD <input type="checkbox"/> Kenneth Honsik MD <input type="checkbox"/> Lisa Romeo MD <input type="checkbox"/> Jennifer Houston MD		<input type="checkbox"/> Michael Romeo MD <input type="checkbox"/> Samuel Romeo MD <input type="checkbox"/> Christopher Hawley MD <input type="checkbox"/> Kenneth Honsik MD <input type="checkbox"/> Lisa Romeo MD <input type="checkbox"/> Jennifer Houston MD		_____ _____ _____	

Thank you for providing us with an opportunity to improve our service!