

Client: _____ **Doctor:** _____ **Patient Name:** _____
Site: _____

Live Encounter – Service Evaluation
Date: _____ **Time:** _____

PHYSICAL ASPECTS of OUTER OFFICE:	Registration Lobby		
	Y	N	NA
Directions and signage clear?			
Pleasant ambient environment?			
Was the temperature Comfortable?			
Area clean and orderly?			
Furniture clean and comfortable?			
Reading materials neat and current?			
Signage to restrooms clear?			
Restrooms easily accessible?			
Rest rooms clean?			

EXAM ROOM:	Y	N	NA
	MA waited for patient to come to doorway?		
MA introduced self to patient?			
Temperature comfortable?			
MA kept patients apprised of wait status?			
MA was careful to maintain patient confidentiality?			
MA gave clear instructions once in the room?			
MA made you feel comfortable?			
MA helped you understand what to expect?			
MA asked if you had questions before leaving?			

REGISTRATION ENCOUNTER	Y	N	NA
	Made eye contact with patient?		
Introduced self to patient? (if new patient)			
Wearing ID badge?			
Is ID badge easily visible to patient?			
Dressed appropriately/professionally?			
Personal appearance - well groomed?			
Smiled when addressing patient?			
Said "Please" & "Thank you"?			
Was staff friendly with each other?			
If on the phone, acknowledged waiting patient with smile/ gesture?			
Demonstrated respect for pt privacy?			
Addressed patient by name?			
If any, were complaints handled discretely & diplomatically?			
Receptionist told patient what to expect & gave clear instructions during encounter?			
Receptionist kept patient apprised of wait status?			

PHYSICIAN:	Y	N	NA
	Knocked before entering exam room		
Gave friendly greeting, handshake/touch			
Allowed you to finish describing the problem			
Was seated, gave good eye contact			
Asked if you had any other issues			
Did the doctor include you while using the EHR			
Explained things in understandable way			
Gave you written information/instructions			
On leaving asked if you had other questions			
Gave warm, friendly handshake/touch			

ROOMING ENCOUNTER	Y	N	NA
	Made eye contact with patient?		
Introduced self to patient?			
Wearing ID badge?			
Is ID badge easily visible to patient?			
Dressed appropriately/professionally?			
Personal appearance - well groomed?			
Smiled when addressing patient?			
Said "Please" & "Thank you" ?			
Was staff friendly with each other?			
Demonstrated respect for pt privacy?			
Addressed patient by name?			

Did you receive a positive parting comment from anyone as you left the office?			
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LENGTH OF WAIT (minutes):	<5	6-10	11-15	>16
In Line				
In Registration Area				
In Exam Room				

Client:
Site:

Doctor:

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SUMMARY OF IMPRESSIONS:

Registration Experience:

Experience with MA:

Experience with Provider:

Impressions/Other Comments:

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OVERALL RATING OF EXPERIENCE: _____

5	4	3	2	1
Excellent	Very Good	Good	Fair	Poor

EXPLAIN WHY YOU AWARDED THE RATING YOU DID AND WHAT IT WOULD TAKE TO RAISE THE SCORE: