



<hr/> <b>Name of Provider Seen</b>
------------------------------------

Date Seen:

Dear Patient:

We are committed to providing the highest quality care and service. We depend on you, the patient, to tell us how we are doing and if there are any areas that need improvement.

Please take a few minutes today to complete this survey about your last visit with your **DOCTOR/PROVIDER whose name is shown in the box above**. If the patient is a child or cannot complete this survey, a family member may complete it for him or her. The survey is brief, easy to complete, and a postage-paid return envelope has been included for your convenience. Only a limited number of our patients receive this survey, so your participation is very important. This is part of an ongoing process, where we seek input from a sample of patients for each of our **DOCTORS/PROVIDERS**.

We want your honest and candid opinions. Please be assured that this survey is completely confidential and that your responses will remain anonymous.

Your feedback is valuable and we appreciate you taking the time to respond. If you have any questions or concerns about this survey or the care you received, please call our **Office Manager, Nelly Barahona at (562) 961-0155**.

Sincerely,

Sarkis Arevian M.D.  
President, Memorial Counseling Associates

1. Overall, how satisfied are you with the DOCTOR/PROVIDER whose name is shown in the box above?

<b>Completely Satisfied</b>	<b>Very Satisfied</b>	<b>Somewhat Satisfied</b>	<b>Neither Satisfied nor Dissatisfied</b>	<b>Somewhat Dissatisfied</b>	<b>Very Dissatisfied</b>	<b>Completely Dissatisfied</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Overall, how satisfied are you with the medical group (Memorial Counseling Associates)?

<b>Completely Satisfied</b>	<b>Very Satisfied</b>	<b>Somewhat Satisfied</b>	<b>Neither Satisfied nor Dissatisfied</b>	<b>Somewhat Dissatisfied</b>	<b>Very Dissatisfied</b>	<b>Completely Dissatisfied</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PLEASE TURN PAGE AND CONTINUE→**

**How would you rate:**

	Excellent	Very Good	Good	Fair	Poor
3. Access to psychiatric care when needed after regular business hours or on weekends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Ease of contacting medical group by phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Ability to speak with the <b>DOCTOR</b> or representative on the phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The number of days you waited for your appointment.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The cleanliness and comfort of the office.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The office wait time to see the <b>DOCTOR</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The courtesy and supportiveness of the office receptionist(s).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The way you were informed about the results of any lab tests ordered .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The ease in having prescription renewals reauthorized by the doctor .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Thinking about the care provided by the *DOCTOR*, how would you rate:**

	Excellent	Very Good	Good	Fair	Poor
12. How well <b>DOCTOR</b> explained what he/she was doing and why.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. How well <b>DOCTOR</b> used words that were easy to understand.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. How well <b>DOCTOR</b> listened to your concerns or questions.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. How well <b>DOCTOR</b> answered your questions.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Warmth and caring demonstrated to you by the <b>DOCTOR</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. The amount of time you had with the <b>DOCTOR</b> during the visit.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Definitely Yes	Probably Yes	Probably No	Definitely No
18. Would you recommend the <b>DOCTOR</b> to your family or friends?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Have you called or written the medical group with a complaint or problem?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Was the complaint resolved to your satisfaction within a reasonable amount of time?  Yes  No

20. What impressed you most about your visit? \_\_\_\_\_

21. What can we do to improve? \_\_\_\_\_

---

Thank you for completing this important survey.  
 Please do not tear off the survey portion (English or Spanish) you did not complete.  
 We ask that you place the entire survey booklet in the enclosed envelope and send to:  
 Memorial Counseling Associates  
 4525 E Atherton, 2<sup>nd</sup> Floor, Long Beach CA 90815