

**POINT OF SERVICE SURVEY – NEW HORIZON FAMILY HEALTH SERVICES, INC. – (GREER)**  
**TODAY'S DATE:** \_\_\_\_\_

*Thank you for choosing New Horizon Family Health Services today!  
 This survey is used to help us improve our patient care/service. We need and value your comments about how we are doing. Please take a few minutes to complete and drop in the box as you leave today.*

**PLEASE CHECK FOR THE VISIT TODAY:**    SCHEDULED APPT.    WALK-IN (NO APPOINTMENT)    1<sup>ST</sup> APPOINTMENT  
**PLEASE CIRCLE**

	NA	P	F	G	VG	E
1. How nice was the staff when they answered the phone?	NA	P	F	G	VG	E
2. Did you get an appointment within a reasonable period of time?	NA	P	F	G	VG	E
3. Was the <b>front desk</b> staff nice when you checked in?	NA	P	F	G	VG	E
4. Was the waiting room comfortable?	NA	P	F	G	VG	E
5. How would you rate the length of time you spent in the waiting room?	NA	P	F	G	VG	E
6. Were the <b>doctors and nurses</b> nice and courteous?	NA	P	F	G	VG	E
7. Was the <b>pharmacy</b> staff nice and courteous?	NA	P	F	G	VG	E
8. Was the <b>lab</b> staff nice and courteous?	NA	P	F	G	VG	E
9. Was the <b>referral</b> staff nice and courteous?	NA	P	F	G	VG	E
10. Did the doctors and nurses seem concerned about your care?	NA	P	F	G	VG	E
11. When you checked out, were the staff members nice and courteous?	NA	P	F	G	VG	E
12. Was the wait in exam room acceptable?	NA	P	F	G	VG	E
13. If you had to meet with the <b>billing/insurance</b> staff, were they nice and helpful?	NA	P	F	G	VG	E
14. If you had to talk to <b>medical record</b> staff, were they nice and helpful?	NA	P	F	G	VG	E
15. If you saw/had a visit with anyone else, were they nice and courteous? (List Department: _____)	NA	P	F	G	VG	E

16. OVERALL, how was your visit today?  
 Excellent    Good    Fair    Poor

17. HOW COULD WE SERVE YOU BETTER?

\_\_\_\_\_

\_\_\_\_\_

18. Name any staff members who went out of their way to help you today.

\_\_\_\_\_

\_\_\_\_\_

PATIENT'S NAME(Optional): \_\_\_\_\_ PHONE #(Optional): \_\_\_\_\_

**If not satisfied with the care or service today, ask to see the Practice Manager.**

**SATISFACTION SURVEY**  
**NEW HORIZON FAMILY HEALTH - HEALTHCARE FOR THE HOMELESS**

Please check **one**:

TODAY'S DATE: \_\_\_\_\_

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> <i>Greenville Rescue Mission</i> | <input type="checkbox"/> <i>Shalom House</i>   | <input type="checkbox"/> <i>Shepherd's Gate</i> | <input type="checkbox"/> <i>Spartanburg Rescue Mission</i> |
| <input type="checkbox"/> <i>Spartanburg Soup Kitchen</i>  | <input type="checkbox"/> <i>Harbor of Hope</i> | <input type="checkbox"/> <i>Salvation Army</i>  | <input type="checkbox"/> <i>Triune Mercy Center</i>        |
| <input type="checkbox"/> <i>Overcomers</i>                | <input type="checkbox"/> <i>Haven of Rest</i>  | <input type="checkbox"/> <i>Faith Home</i>      |  |

QUESTION		If answer 'no', please tell us more
1. I like the care I received	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. I got what I needed today	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Staff was helpful today	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Would you change anything about the service you received today?  YES  NO if yes please tell us more

Who gave you **EXCEPTIONAL SERVICE** today? \_\_\_\_\_

Write any comments about the service you received today? \_\_\_\_\_

**OVERALL, how was your visit today? (CIRCLE ONE)**

**EXCELLENT**

**GOOD**

**FAIR**

**POOR**

NAME (VOLUNTARY): \_\_\_\_\_