## OFFICE REPORT CARD

James River Family Practice, LLC, 11835 Fishing Pt. Dr., #104, Newport News, VA 23606

To help serve you better, please complete this assessment of our office. You may leave in our inter-office mailbox located to your left as you exit the office, with an employee, or by mail.

Key:	1= Poor	2= Satisfactory	3= Good	4= Excellent		
Were you abl	e to get an anr	nointment promptly?	1	2	3	4
Were you able to get an appointment promptly? Was adequate parking available?			1	2	3	4
Was our staff courteous?			1	2	3	4
Was our office neat and clean?			1	2	3	4
How would you rate our magazine selection?			1	2	3	4
How did you like our office décor?			1	2	3	4
Were you seen on time?			1	2	3	4
If we were late, was an explanation given?			1	2	3	4
Were you comfortable during your treatment?			1	2	3	4
Did we answer your questions clearly?			1	2	3	4
Did you understand why particular care was recommended?				2	3	4
Have your phone calls been returned promptly?			1	2	3	4
Have you been informed promptly about lab results?			1	2	3	4
•	•	to your needs?	1	2	3	4
	•	o your family and friends?	1	2	3	4
As a patient of Physician Assistant/Dr I would like to tell him/her						
Additional suggestions that might help us serve you better would be appreciated. If commenting about a particular employee, please feel free to give us their name.						
Thank you for your cooperation and help.  Optional: If you would like a response, please enter your name and phone number below.						