

# Geriatric Care Patient Satisfaction Survey

Patient Name

Patient Age

Date of Visit

Name of Caregiver (if applicable)

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## Experience with Our Geriatric Care Service

1. How would you rate the courtesy and respect shown by our staff?

☐ Excellent ☐ Good ☐ Fair ☐ Poor

2. Was your wait time reasonable?

☐ Yes ☐ No

3. Did you feel comfortable during your visit?

☐ Yes ☐ No

4. Please rate your overall satisfaction with the care received.

☐ Very Satisfied ☐ Satisfied ☐ Neutral ☐ Dissatisfied

Would you recommend our services to others?

Additional Comments or Suggestions