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Patient Survey

Today's Date _____ Date of Your Appointment _____

Thank you for filling out this patient survey form. We strive to make your experience with us the very best possible, and we appreciate your comments.

Rate your experience with us from 1 to 5, 5 being the best.



Did you feel comfortable with our office?

Yes

No

Was our staff friendly and helpful??

Yes

No

Were your questions answered?

Yes

No

Were you satisfied with the medical care you received?

Yes

No

Using the back of this page, please add any other thoughts or comments.

Thank You! Please fax your survey form to (413) 773-9484