



531 E 7th St
 Brooklyn, NY 11218
 (718) 921-8777 toll-free phone
 (718) 921-9777 toll-free fax

Client / Patient Satisfaction Survey

Thank you for being a valued client of Michael's Pharmacy. We request that you complete the following survey to assist us in the improvement of treatment, care, and services. Thank you.

Name: (Optional) _____ **Date of Birth:** (optional) _____ **Date:** _____

Name of Pharmacy Staff, (if known): _____

Please rate the following questions on a scale from 1 to 5, where **1=Strongly Disagree**, **2=Somewhat Disagree**, **3=Neutral** (no opinion), **4=Somewhat Agree**, and **5=Strongly Agree**:

Satisfaction Survey Question	Rating (1-5)
1. My initial contact with Michael's Pharmacy staff was positive.	
2. The staff was courteous and professional.	
3. The staff was knowledgeable regarding my disease state and medication(s).	
4. My medications were filled accurately.	
5. My medications were filled in a timely manner.	
6. I was clearly educated regarding medication safety storage, administration, and disposal.	
7. The welcome package material was clear and useful.	
8. The staff was able to answer all questions concerning my medication(s) and/or therapy to my satisfaction.	
9. The pharmacy worked with my physician and insurance to provide coordination of care that met my needs.	
10. I understand my individual plan of care/treatment plan.	
11. My overall experience with Michael's Pharmacy has exceeded my expectations.	

Comment/Suggestions:

Please return your completed survey in the postage paid envelope provided and/or mail your completed survey to: Michael's Pharmacy, 531 E 7th St Brooklyn, NY 11218.

Thank you for your feedback to help Michael's Pharmacy's efforts for continuous improvement in its strive for excellence!

