



## CLIENT ACCESSIBILITY SURVEY

Dr. Patrick Winter, Dr. Juno Park and their team pride themselves on providing a warm, caring atmosphere, where you will feel comfortable during your dental treatment.

We kindly ask you to complete this survey to help us improve our efforts to meet legislated requirements and enhance accessibility within our dental practice by sharing your thoughts.

Is there anything about our doorways, entry ways, or hallways that could be a barrier to service?

- Yes
- No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything in our parking lot that could be a barrier to service?

- Yes
- No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything about our operatories, bathroom, or reception area that is a barrier to service?

- Yes
- No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the team helpful when assisting when needed?

- Yes
- No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is our team knowledgeable enough to assist in an appropriate manner?

- Yes
- No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you feel comfortable enough to express to our team about difficulties you may face in our office?

- Yes
- No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything else about our office or team that could adapt to improve our office?

- Yes
- No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any further comments or concerns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you would like someone from our office to contact you to discuss anything further please fill out the section below.

If not, please leave this section blank.

Name: \_\_\_\_\_

Preferred contact method: \_\_\_\_\_

Best time of day to contact: \_\_\_\_\_