

PATIENT SURVEY

To assure we provide you with the highest level of service, we would appreciate your feedback. Please answer the following questions regarding our services. Thank you!

DATE: _____ Location of visit: ___ RCC ___ Flowers Hospital ___ Enterprise ___ Andalusia ___ Geneva

Who is your physician?

___ Dr. Alford ___ Dr. Farris ___ Dr. Lett ___ Dr. Simpson
___ Dr. Brooks ___ Dr. Granger ___ Dr. Lolley ___ Dr. Werner
___ Dr. Chitwood ___ Dr. Hanson ___ Dr. Maddox ___ Dr. Potter
___ Dr. Choquette ___ Dr. Haley (Tim) ___ Dr. Moore ___ Dr. Guin
___ Dr. Dungan ___ Dr. Hall ___ Dr. Robinson ___ Dr. Bullington

Are you a new patient to SB&J? ___ Yes ___ No

How did you hear about us? ___ Referring Physician (Which Doctor ? _____)
___ Yellow Pages ___ Friend/Family ___ Emergency Room Referral ___ Other

If other, please explain: _____

Have you visited our website? _____ Yes _____ No

Utilizing the Scale, please circle your response: 5-Excellent 4-Very Good 3-Good 2-Fair 1-Poor

Admission / Registration / Checkout

1. Ability to schedule an appointment within a reasonable length of time	5	4	3	2	1
2. Waiting time past your scheduled appointment time	5	4	3	2	1
3. Overall ease of locating clinic/ the registration process	5	4	3	2	1
4. Overall ease of the checkout process	5	4	3	2	1
5. Friendliness/Helpfulness of the front desk staff	5	4	3	2	1

Comments: _____

Facility

5. Cleanliness of the facility	5	4	3	2	1
6. Overall appearance of the facility	5	4	3	2	1

Comments: _____

Staff (X-Ray, Nurses, Physicians)

7. Amount of dignity and respect shown to you by our staff	5	4	3	2	1
8. Amount of time the physician spent with you to answer your questions	5	4	3	2	1
9. Satisfaction of physician's explanation of diagnosis, treatment and follow-up instructions to you	5	4	3	2	1
10. Coordination among all of the staff who provided care for you	5	4	3	2	1
11. Overall impression of staff	5	4	3	2	1
12. The outcome of your care, how much were you helped	5	4	3	2	1

Comments: _____

OVERALL:

How would you rate your overall experience/quality of care provided by SB&J? 5 4 3 2 1

Do you believe you received the highest quality of care from your physician? ___ Yes ___ No

Would you recommend SB&J to your family and friends? ___ Yes ___ No

Do you have any recommendations on how we might serve you better?

Optional Information:

Name: _____ Phone Number: _____ May we contact you? _____

Address: _____

~~~**THANK YOU FOR YOUR RESPONSE**~~~