



Patient Satisfaction Survey

Thank you in advance for completing this important questionnaire regarding your visit.
Your feedback is very important in helping us continue to provide the highest possible levels of care.

Date of Service: _____ Was this your first visit to our facility? Yes No
 Name: (Optional) _____
 Name of the Physician you saw on this visit: _____

OUR SCHEDULING PROCESS

	Strongly Agree	Agree	Disagree	Strongly disagree
When contacting the office, the phone staff was pleasant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was able to schedule an appointment within a reasonable time frame.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

UPON ARRIVAL

	Strongly Agree	Agree	Disagree	Strongly disagree
I was greeted and registered promptly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Registration staff was courteous and helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The forms I was asked to complete were easy to understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My wait time was reasonable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OUR NURSING STAFF

	Strongly Agree	Agree	Disagree	Strongly disagree	N/A
The nurse was courteous and friendly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The nurse was able to answer my questions and provide assurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OUR PHYSICIANS

	Strongly Agree	Agree	Disagree	Strongly disagree	N/A
My physician answered my questions clearly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My physician explained my treatment options thoroughly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My physician was courteous and friendly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My wait time in the exam room was reasonable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LAB/RADIOLOGY/ULTRASOUND (If applicable)

My technician answered my questions clearly.

Strongly Agree

Agree

Disagree

Strongly disagree

N/A

My technician explained my treatment options thoroughly.

My technician was courteous and friendly.

My wait time in the exam room was reasonable.

Would you return to Urology Specialists of Georgia

Yes

No

ADDITIONAL COMMENTS:

Thank You!