

Name (Optional):

Doctor:

Email contact:

Please Tell Us

We want to sincerely thank you for entrusting us with your overall women's healthcare needs. Our goal is to continually improve our quality care to you & provide the best medical care in a friendly, caring, and convenient environment. Please help us serve you better by taking a moment to give us your feedback. We realize that without you and your referrals we will not have a practice, so feel free to tell us how you feel. ☺

How would you rate your overall experience with our practice?

___Excellent ___Good ___Fair ___Poor

How pleased were you with our care during your most recent visit?

___Very Pleased ___Pleased ___Neither ___Displeased

Compared to your earlier visits, how are we doing today?

___Better ___Same ___Worse

How can we improve: _____

Please rate the following on a scale of 1 to 5 with 1 being worst and 5 being best (circle one):

Telephone manner of staff	1	2	3	4	5
Convenience of your appointment time	1	2	3	4	5
Greeting upon arrival	1	2	3	4	5
Helpfulness of staff	1	2	3	4	5
Friendliness of staff	1	2	3	4	5
Length of wait in the waiting room	1	2	3	4	5
Length of wait in the exam room	1	2	3	4	5
Sensitivity & attentiveness of doctor	1	2	3	4	5
Professionalism of doctor	1	2	3	4	5
Promptness of doctor returning your call after-hours	1	2	3	4	5
Explanations provided/Questions answered	1	2	3	4	5

How did you hear about us?

Friends or Family

Community Advertisement

KHOU

Practice Web Site

Drive By

Internet source (Google)

Physician Referral

Facebook

Hospital Referral

You Tube

Are you aware that we are currently accepting new patients? ___Yes ___No

	Name	Contact information
1		
2		

Please comment on anything regarding our care that we may or may not do to make your future experiences with us even more positive: _____

THANK YOU FOR YOUR TIME!