

PATIENT SATISFACTION SURVEY 10/08

The information provided by you in this survey is very important to us at **Hickory Plastic and Reconstructive Surgery Center**. Your comments help us provide ongoing, efficient and personalized care. Please take a moment and read each question, note the response that most correctly reflects your feelings and write any additional comments at the bottom of this sheet. When you have completed the survey, kindly return it to us at: 50 13th Ave. N.E., Suite 2-B, Hickory, NC 28601, FAX: 828-328-4967 or email: hpsc@twave.net.

PLEASE MARK ONE ANSWER PER QUESTION

P – Poor F – Fair G – Good VG – Very Good E - Excellent

	P	F	G	VG	E
The Receptionist was pleasant and helpful when you called for your appointment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our office location was convenient and easy to find.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were you seen at your scheduled appointment time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The nursing staff was courteous to you and your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My physician was understanding and friendly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The staff showed concern for my condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My treatment options were adequately explained to me?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My pre-operative and post-operative instructions were explained adequately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was satisfied with the financial arrangements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was satisfied with my pain control?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was satisfied with the anesthesia services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The office was clean and comfortable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend my Doctor to others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list any way that you feel we could improve:

Name (optional) _____ Date _____