

~~PATIENT SURVEY~~

To assure we provide you with the highest level of service, we would appreciate your feedback.

Date : _____ Location of visit: ___RCC ___Healthwest (Flowers) ___Enterprise

Who is your physician?

- | | | | |
|-------------------|----------------|-------------------------|-----------------------|
| ___ Dr. Alford | ___ Dr. Dungan | ___ Dr. Jennings | ___ Dr. J Paul Maddox |
| ___ Dr. Breland | ___ Dr. Farris | ___ Dr. Lash | ___ Dr. Moore |
| ___ Dr. Brooks | ___ Dr. Guin | ___ Dr. Lett | ___ Dr. Robinson |
| ___ Dr. Chitwood | ___ Dr. Haley | ___ Dr. Lolley | ___ Dr. Simpson |
| ___ Dr. Choquette | ___ Dr. Hall | ___ Dr. Jeremiah Maddox | ___ Dr. Werner |
| ___ Dr. Clifton | | | |

Are you a new patient to Southern Bone & Joint? Yes No Have you visited our website? Yes No

How did you hear about us? Referring Physician (Dr. _____)

Friend/Family Emergency Room Referral Yellow Pages Other _____)

Utilizing this 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 |

FACILITY

- | | | | | | |
|---------------------------------------|---|---|---|---|---|
| 6. Cleanliness of the facility | 5 | 4 | 3 | 2 | 1 |
| 7. Overall appearance of the facility | 5 | 4 | 3 | 2 | 1 |

CLINICAL STAFF (Physicians, Nurses, X-Ray, Cast Techs)

- | | | | | | |
|--|---|---|---|---|---|
| 8. Amount of dignity and respect shown to you by our staff | 5 | 4 | 3 | 2 | 1 |
| 9. Amount of time the physician spent with you to answer your questions | 5 | 4 | 3 | 2 | 1 |
| 10. Satisfaction of physician's explanation of diagnosis, treatment and follow-up instructions | 5 | 4 | 3 | 2 | 1 |
| 11. Coordination among all of the staff who provided care for you | 5 | 4 | 3 | 2 | 1 |
| 12. Overall impression of staff | 5 | 4 | 3 | 2 | 1 |
| 13. The outcome of your care, how much were you helped | 5 | 4 | 3 | 2 | 1 |

OVERALL

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

Comments: _____

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

Recommendations on how we might serve you better? _____

INFORMATION (optional)

Name: _____

Phone Number: _____

Address: _____

May we contact you? Yes No

~~THANK YOU FOR YOUR RESPONSE~~