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NW SURGERY CENTER
5215 HOLLISTER STREET
HOUSTON, TX 77040
713-462-3194

PATIENT SATISFACTION QUESTIONNAIRE

Please give us your confidential opinion.
Date of Surgery: _____

Physician: _____

Dear Out-Patient Surgery Client:

We are pleased that you have chosen NW Surgery Center for your same-day surgery procedure. We hope that your stay with us was as comfortable as possible.

Our goal is to provide high-quality service to our patients and their family members. That is why we invite your response to this questionnaire.

With your help, we can evaluate our program to ensure the highest level of care.

Your comments and responses will be thoroughly reviewed and kept confidential unless you specify otherwise.

Thank you for your assistance.
Sincerely,
Tina Krause
Facility Administrator

Also if you return this form with your name included, in the pre-stamped envelope, you will be entered into a monthly drawing for a FREE GIFT CARD!

Optional and Confidential

Name: _____

Address: _____

City, State, Zip: _____

1. Was your registration handled quickly and efficiently?

(Please circle the appropriate number)
POOR 1 2 3 4 5 Excellent

2. Did you receive adequate explanations of your costs and expected insurance coverage, if you had any questions regarding this?

POOR 1 2 3 4 5 Excellent

3. Was your surgery on time? **Yes/No**

POOR 1 2 3 4 5 Excellent

4. Did the surgeon explain what to expect in terms you could understand?

POOR 1 2 3 4 5 Excellent

5. Did the Anesthesiologist explain what to expect in terms you could understand?

POOR 1 2 3 4 5 Excellent

6. Were you treated courteously at all times during your stay?

POOR 1 2 3 4 5 Excellent

7. Were arrangements made to meet any special needs you may have had?

POOR 1 2 3 4 5 Excellent

8. Was your confidentiality maintained?

POOR 1 2 3 4 5 Excellent

9. Was the physical environment clean and comfortable?

POOR 1 2 3 4 5 Excellent

10. Please rate the overall service of the following departments:

NURSING STAFF
POOR 1 2 3 4 5 Excellent

FRONT DESK/BUSINESS OFFICE STAFF
POOR 1 2 3 4 5 Excellent

ANESTHESIA STAFF
POOR 1 2 3 4 5 Excellent

11. Were you and your caregiver provided with adequate instructions for follow-up care at home?
POOR 1 2 3 4 5 Excellent

12. Would you use our services again or recommend NW Surgery Center to others?
 YES NO

13. What influenced your decision to come to our facility?
 Price Doctor
 Staff Reputation of Center
 Insurance Family/Friends
 Advertising Other

14. Do you have any suggestions for improvement of our care?

We will attempt to contact you by phone or letter after your surgery to check on your progress. Please feel free to contact our Administrator at (713-462-3194) if you have any questions or concerns.