

Huron Valley Urology Associates Patient Satisfaction Survey

1.

Dear Patient,

Please take a few minutes to let us know how we are doing and how we can serve you better. Our goal is to provide compassionate, dignified care for all patients. We would like to know how you feel about our staff, providers, and service. Your comments will be evaluated to ensure that we are doing the best we can for your medical needs. Thank you for your participation.

1. Most Recent visit

Date of your visit MM / DD / YYYY

2. Which provider did you see?

Dr. Goh

Dr. Kleer

Dr. McHugh

Dr. McLaughlin

Dr. Solomon

C. Sanocki - NP

M. Wilson - Medical Technician

Nurse

Please rate the following:

3. Our Communication with You.

	Excellent	Very Good	Good	Fair/Poor	N/A
Rate the ease of getting a hold of our clinic by phone, including how promptly your calls were answered.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rate your satisfaction with your scheduled appointment date and time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rate your satisfaction with making an appointment and the overall ease of the appointment process.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Waiting Time

	Excellent	Very Good	Good	Fair/Poor	N/A
Rate your satisfaction with the amount of time you spent in our office, including the waiting room and the exam room.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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5. Our Staff

	Excellent	Very Good	Good	Fair/Poor	N/A
Rate the courtesy, friendliness and consideration of our staff.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Your Vist with Your Provider

	Excellent	Very Good	Good	Fair/Poor	N/A
Rate your satisfaction with your provider and the outcome of your treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Our Facility

	Excellent	Very Good	Good	Fair/Poor	N/A
Rate your satisfaction with our hours of operation, facilities, cleanliness/safety, and directions to our office.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Your Overall Satisfaction

	Excellent	Very Good	Good	Fair/Poor	N/A
Rate your overall satisfaction of our practice and the quality of your medical care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. How likely are you to recommend Huron Valley Urology Associates to a family member, colleague, or friend?

Extremely Likely Very Likely Likley Not Very Likely Not At All Likely

10. Additional comments/concerns.