



**WOMEN'S OB-GYN, P.C.**

*Obstetrics & Gynecology*

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Visit us at our website [www.womensob.com](http://www.womensob.com)

Would you take a few minutes of your time to help us? Our goal is to provide comfort, convenience and satisfaction, as well as the best medical care to all our patients. We would like to know how you feel about our medical services, our patient-handling systems and our physicians and staff members. Your comments will help us to evaluate our operations to ensure that we are truly responsive to your needs. Thank you for your help.

**PLEASE CIRCLE YOUR MOST APPROPRIATE RESPONSE**

**HOW SATISFIED ARE YOU WITH:**

1. Your communication with our:

	VERY SATISFIED	SOMEWHAT SATISFIED	SOMEWHAT DISSATISFIED	VERY DISSATISFIED	NOT APPLICABLE
A. Front desk receptionist	1	2	3	4	5
B. Telephone receptionist	1	2	3	4	5
C. Billing department staff	1	2	3	4	5
D. Nurses	1	2	3	4	5
E. Nursing Assistants	1	2	3	4	5

YOUR COMMENTS: \_\_\_\_\_

2. The efficiency of our:

A. Front desk receptionist	1	2	3	4	5
B. Telephone receptionist	1	2	3	4	5
C. Billing department staff	1	2	3	4	5
D. Nurses	1	2	3	4	5
E. Nursing Assistants	1	2	3	4	5

YOUR COMMENTS: \_\_\_\_\_

3. How would you rate our nurses in terms of:

A. Responsiveness to your questions	1	2	3	4	5
B. Time spent with patients	1	2	3	4	5
C. Medical knowledge	1	2	3	4	5

YOUR COMMENTS: \_\_\_\_\_

4. How would you rate your appointments with us:

A. Available within a reasonable amount of time	1	2	3	4	5
B. Scheduled at a convenient time of day	1	2	3	4	5
C. Completed in a timely manner	1	2	3	4	5
D. Availability with provider desired	1	2	3	4	5

YOUR COMMENTS: \_\_\_\_\_

5. During your appointment with our **DOCTOR** do you feel:

A. The doctor listened & your questions were answered	1	2	3	4	5
B. The examination was thorough	1	2	3	4	5
C. The amount of time spent with you was appropriate	1	2	3	4	5

Who was your appointment with? \_\_\_\_\_

**HOW SATISFIED ARE YOU WITH:**

6. During your appointment with our **MIDWIFE** do you feel:

	VERY SATISFIED	SOMEWHAT SATISFIED	SOMEWHAT DISSATISFIED	VERY DISSATISFIED	NOT APPLICABLE
A. The midwife listened & your questions were answered	1	2	3	4	5
B. The examination was thorough	1	2	3	4	5
C. The amount of time spent with you was appropriate	1	2	3	4	5

Who was your appointment with? \_\_\_\_\_

7. During your appointment with our **NURSE PRACTITIONER**

(NP) do you feel:

A. The NP listened & your questions were answered	1	2	3	4	5
B. The examination was thorough	1	2	3	4	5
C. The amount of time spent with you was appropriate	1	2	3	4	5

Who was your appointment with? \_\_\_\_\_

YOUR COMMENTS: \_\_\_\_\_

8. Was this appointment at:  Saginaw  Frankenmuth  Bay City

9. Was this appointment for:  OB care  GYN care  Well health  Surgery  Postpartum care  Other

10. Please rate our communication with you in the following areas:

A. Were you calls answered promptly	1	2	3	4	5
B. Availability of medical information/advice by phone	1	2	3	4	5
C. The provider returning your call in a timely manner	1	2	3	4	5
D. Test results reported in a reasonable amount of time	1	2	3	4	5
E. Effectiveness of health information materials	1	2	3	4	5

YOUR COMMENTS: \_\_\_\_\_

11. How did you hear about us?  Family member  Friend  Co-worker  Yellow Pages Ad  Our website

12. How would you rate our facility:

A. Hours of operation were convenient	1	2	3	4	5
B. Overall comfort of office	1	2	3	4	5
C. Adequate parking	1	2	3	4	5
D. Signage and directions easy to follow	1	2	3	4	5

YOUR COMMENTS: \_\_\_\_\_

13. Overall rating:

A. Our practice	1	2	3	4	5
B. Quality of your medical care	1	2	3	4	5

14. Would you recommend our office to a friend:  Yes  No

YOUR COMMENTS: \_\_\_\_\_

15. If available to you, would you consider an evening appointment from 5:00 pm - 8:00 pm or an early morning appointment prior to 8:00 am?  Yes  No

16. Would you be interested in:  Yoga classes  Laser hair removal  Spider vein removal  Skin Care Products  
 Weight and diet control classes  Massage therapy  Patient Education Classes  Other \_\_\_\_\_

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17. If you would like someone from our office to contact you, please provide your name and daytime phone number:

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