THE MANHATTAN CENTER FOR Gynecology

Gynecology Survey

Thank you for choosing The Manhattan Center for Gynecology for you and your healthcare needs. In an effort to continue providing excellent care for all of our patients, we ask that you take a moment to complete this survey.

Name:_____Date_____

How did you find out about us?

- ☐ Physician referral/ faculty referred me — Dr. or Facility name:_____ address:_____
- ☐ Radio/ Advertisement — ☐radio ☐bing ☐google ☐citysearch ☐facebook ☐other_____
- ☐ Patient ☐ Friend — name:_____

Reason for visit: ☐surgical follow-up ☐new gyn patient ☐gyn follow-up exam ☐other_____

please answer the following questions about your receptionist(s)/ medical assistant(s):

Was the receptionist courteous and professional during your visit? ☐yes ☐no ☐n/a

Did your medical assistant smile and introduce herself? ☐yes ☐no ☐n/a

Was she courteous and professional? ☐yes ☐no ☐n/a

Where you able to make a follow up appointment with ease? ☐yes ☐no ☐n/a

Did you wait long? If so, how long? _____

please rate your surgical experience:	*poor*				*excellent*	
The person who booked your appointment	1	2	3	4	5	n / a
Receptionist	1	2	3	4	5	n / a
Sonogram technician	1	2	3	4	5	n / a
Laboratory technician/ blood drawing	1	2	3	4	5	n / a
Medical assistant	1	2	3	4	5	n / a
Health care provider	1	2	3	4	5	n / a
Overall rating	1	2	3	4	5	n / a

please answer the following questions about your provider?

Who was your provider today? _____

Was he/she courteous and professional during your visit? ☐yes ☐no ☐n/a

Were tests, exams, and/or procedures explained to you? ☐yes ☐no ☐n/a

Was follow-up or future plan of care discussed? ☐yes ☐no ☐n/a

Would you recommend our services to others? why or why not?

_____

What could be done to improve our services:

_____

☐ Yes, i would like to be on your email list.

email address:_____

please not that your survey information may be shared on our promotional materials without the use of your name.

Office use only: date entered into database _____

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