



Hovis Orthopaedic Clinic Patient Survey

Physician: _____ Dr. William Hovis _____ Dr. W. David Hovis
Location: _____ Fort Sanders Regional _____ Mercy Medical Center West

Survey Instructions

Our goal is to provide you with the best healthcare and service possible. In an effort to better meet your needs and expectations we ask that you take a few moments to fill out this patient satisfaction survey, which allows you to rate different aspects of your visit.

Please note that all responses will be confidential – you do not have to identify yourself on the survey. The information you share will be used in a respectful and confidential manner. Your feedback will help us to provide you with better care in the future. Thank you for your help.

	Poor	Fair	Good	Very Good	Excellent	Does Not Apply
HOW EASY WAS IT TO MAKE AN APPOINTMENT AND GET IN TO SEE YOUR PROVIDER?						
1. When I called the office for an appointment, the length of time spent on the phone to set my appointment was:	i	i	i	i	i	i
2. The number of days between my call and my actual appointment was:	i	i	i	i	i	i
3. The staff's helpfulness in scheduling my appointment was:	i	i	i	i	i	i
FACILITY AND CONVENIENCE						
4. Transportation, parking and entry to the building were:	i	i	i	i	i	i
5. Neatness, cleanliness and general appearance of the office were:	i	i	i	i	i	i
6. The convenience of office hours was:	i	i	i	i	i	i
7. The length of time, if any, that I had to wait past my appointment time before seeing my practitioner:	i	i	i	i	i	i
STAFF'S INTERPERSONAL SKILLS						
8. The staff's courtesy and respect for my privacy were:	i	i	i	i	i	i
9. The staff's promptness and efficiency were:	i	i	i	i	i	i
10. The staff's effort to explain the reason for any delay was:	i	i	i	i	i	i
11. The staff's help with scheduling any follow-up visits, referrals or tests were:	i	i	i	i	i	i
12. The staff's explanation of billing and payment/insurance issues was:	i	i	i	i	i	i
STAFF'S CLINICAL SKILLS						
13. The nurse/medical assistant's skill and care (e.g. in taking my medical information, weight etc.) was:	i	i	i	i	i	i
14. The clarity and thoroughness of the nurse/medical assistant's instructions were:	i	i	i	i	i	i

(over)

	Poor	Fair	Good	Very Good	Excellent	Does Not Apply
PRACTITIONER'S CLINICAL SKILLS						
15. The practitioner's apparent understanding of the reason for my visit was:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. The practitioner's interest in my overall health was:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. The practitioner's overall skill and thoroughness in examining or evaluating me was:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRACTITIONER'S INTERPERSONAL SKILLS						
18. The practitioner's effort to make me feel at ease was:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. The practitioner's explanations of my evaluation, diagnosis and options and treatment options were:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. The practitioner's encouragement for me to ask questions and his/her responses to them were:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. The explanation of when and how I would hear about my test results was:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. The practitioner's instruction (oral/written) about any prescription drugs was:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. The practitioner's reassurance about my diagnosis and treatment was:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. The practitioner's encouragement to call with problems or questions was:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. The length of time my practitioner spent with me was:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YOUR OVERALL SATISFACTION						
26. My overall satisfaction with the quality of care I received during the visit was:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. My willingness to recommend this practitioner to a close friend or family member is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEALTH & STATUS						
28. The primary reason for my visit today was:						
<input type="checkbox"/> A scheduled routine problem or follow up						
<input type="checkbox"/> A physical exam						
<input type="checkbox"/> An unplanned visit for acute problem or illness						
<input type="checkbox"/> Other						
Comments:						

29. Age:	<input type="checkbox"/> < 18	<input type="checkbox"/> 18-34	<input type="checkbox"/> 35-54	<input type="checkbox"/> 55-65	<input type="checkbox"/> > 65
30. Is this your first time at Hovis Orthopaedic Clinic?	<input type="checkbox"/> Yes			<input type="checkbox"/> No	

Any other comments?

Thank you for your assistance!

This survey may be mailed in the self addressed envelope
Or completed online @
www.hovisortho.com under *Complete Your Patient Forms*