

Women Gynecology and Childbirth Associates, P.C.

Your comments and suggestions are important to us!

Thank you for coming to Women Gynecology and Childbirth Associates, P.C. We are committed to making sure that you are satisfied with the care and services you receive at our office. Please let us know what you did or did not like about your visit with us, and share any comments or suggestions that would help us better meet your needs.

Please complete and give folded survey to the receptionist or return it to our office at your earliest convenience:

Mail to: WGCA Attn: Jane Dodds Fax: 585-244-2202
 1815 S. Clinton Ave #610 Email: jdodds@wgcaobgyn.com
 Rochester, NY 14618

| Please rate each of the following: | Excellent | Good | Fair | Poor |
|---|--|--|---|--------------------------|
| Telephone access to the office | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Length of time waited to receive an appointment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Length of time in office before you saw a provider | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Today, was your provider a | <input type="checkbox"/> Physician <input type="checkbox"/> Nurse Midwife | <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Nurse | <input type="checkbox"/> Ultrasound Technologist <input type="checkbox"/> Deka Scan Technologist | |
| Quality of time spent with your provider | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Explanation of what was done | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The personal manner (courtesy, respect, sensitivity, friendliness) of : | | | | |
| telephone personnel | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| check-in person | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| check-out person | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| lab assistant (who brought you to your exam room) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| provider | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The overall visit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Are you here for a routine visit or a problem appointment? Routine Problem

What is the likelihood that you would recommend our practice to family and friends?

Additional comments or suggestions _____

Date of your appointment _____

Optional: We will respond to you personally if you wish to leave us your name.

Name _____

Address _____

Daytime phone number _____

E-Mail _____

Thank you!