



Southwest OB/GYN Questionnaire

Please fill out the short questionnaire below. We would appreciate your feedback good or bad. It is our goal to provide you with excellent service. If there is anything you were dissatisfied with during your visit or any aspect of your care we would appreciate your feedback in an attempt to improve service. (Please add pages if the space below is inadequate). **Return by Fax or Mail.**

1. Were you greeted courteously upon arrival to our office?

2. Did you have a pleasant interaction with your Nurse/Medical Assistant (person performing your vital signs and/or bloodwork)?

3. Did you feel as though you were given an adequate amount of time with your physician and that your questions were answered to your satisfaction?

4. Is there any part of your experience during your visit that made you feel uncomfortable or that you would like to have handled in a different way?

Departing Patients

We are sorry to have you leave the care of our office. Please give us some feedback as to the reason for your departure from our office. Your comments are greatly appreciated.

