



ROBERT LEVITT, MD
 JESSICA BERGER-WEISS, MD
 ADRIENNE POTTS, MD
 HARTAJ POWELL, MD, MPH
 COURTNEY LEVENSON, MD
 LAUREN BURNS, MSN, RN, WHNP
 OBGYNWC.COM

Patient Survey

1. Are you a new or returning patient?

New Patient _____ Returning Patient _____

2. Which provider did you see today?

ROBERT LEVITT, MD _____
 JESSICA BERGER-WEISS, MD _____
 ADRIENNE POTTS, MD _____
 HARTAJ POWELL, MD, MPH _____
 COURTNEY LEVENSON, MD _____
 LAUREN BURNS, MSN, RN, WHNP _____

3. Using any number from 0 to 5, where 5 is the best provider possible, what number would you use to rate this provider?

Please check

0 _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____
 Best Possible Provider

4. How would you rate the following

	Excellent	Very Good	Average	Fair	Poor
Overall experience with scheduling an appointment?					
Appointment availability?					
Time on hold when calling into the office for a question?					

5. How would you rate getting timely care in regard to:

	Excellent	Very Good	Average	Fair	Poor
Wait time to see your provider?					
Ease of the registration/check in process?					

6. How would you rate facilities/environment in regard to:

	Excellent	Very Good	Average	Fair	Poor
Overall comfort of the facility?					
Cleanliness of the lobby and the waiting room?					
Cleanliness of the exam rooms and restrooms ?					

7. How would you rate office staff in regard to:

	Excellent	Very Good	Average	Fair	Poor
Keeping you informed during your wait?					
Courtesy and introduction during visit?					

8. How would you rate information/material/brochure in regard to:

	Excellent	Very Good	Average	Fair	Poor
Effectiveness of any informational material you received?					

9. How would you rate the provider in regard to:

	Excellent	Very Good	Average	Fair	Poor
Time your provider spent with you?					
Explanation of procedure by the physician?					
Courtesy and helpfulness of the provider?					
Listen carefully to you?					
Knowing the important information about your medical history?					

**10. How would you rate the courtesy and helpfulness of:
(you can leave blank if you did not interact with them)**

	Excellent	Very Good	Average	Fair	Poor
Front desk staff?					
Telephone scheduler?					
Medical assistant?					
Clinical Administrator / Nurse (Kayla)					
Benefits coordinator?					
Surgical coordinator?					
Medical Records Coordinator?					
Sonographer?					
Practice Administrator?					

11.

	Excellent	Very Good	Average	Fair	Poor
How well did the provider or staff member who gave you your test results answer your questions?					
How well did the staff answer your billing or insurance questions?					
How would you rate the overall satisfaction today?					

Would you recommend this practice to your friends and family?

Yes _____ No _____ Maybe _____

Who was your referring physician? _____

How did you hear about the practice? _____

What is your name? (optional) _____

Please give us your email address so we can keep you informed:

Additional Comments:

Thank you for taking the time to give us your feedback. It is important for us to know so we can be your best health care partner.

7.2015