



Dear Patient:

Would you take a few minutes of your time to help us? Our goal is to provide comfort, convenience, and satisfaction as well as the very best medical care to all our patients and families. Your comments will help us continue to improve our services. Please return your completed survey as quickly as possible. Thank you for your input.

***Please circle the responses that best indicate your opinion about the services you received.***

**PATIENT SATISFACTION SURVEY**

<b>BEFORE YOUR OFFICE VISIT:</b>	<b>Excellent</b>	<b>Good</b>	<b>Poor</b>	<b>N/A</b>
<i>How would you rate the:</i>				
1. Ease of getting through to the doctor's office by phone.	3	2	1	0
2. Courtesy of staff taking your call.	3	2	1	0
3. Availability of desired appointment.	3	2	1	0
4. Convenience of office hours.	3	2	1	0
5. Ease of parking.	3	2	1	0
6. Convenience of office to your home or work.	3	2	1	0
<b>AT THE TIME OF YOUR VISIT:</b>	<b>Excellent</b>	<b>Good</b>	<b>Poor</b>	<b>N/A</b>
<i>How would you rate the:</i>				
1. Courtesy of the office receptionist.	3	2	1	0
2. Registration process.	3	2	1	0
3. Waiting time to see the doctor.	3	2	1	0
4. Time spent with the doctor.	3	2	1	0
5. Comfort level and interaction with the doctor.	3	2	1	0
6. Instructions from doctor or staff regarding medications and follow-up care.	3	2	1	0
7. Ease of arranging follow-up visits.	3	2	1	0
8. Overall quality of care received.	3	2	1	0
<b>AFTER YOUR VISIT:</b>	<b>Excellent</b>	<b>Good</b>	<b>Poor</b>	<b>N/A</b>
<i>How would you rate the:</i>				
1. Promptness of returned phone calls.	3	2	1	0
2. Promptness of getting test results.	3	2	1	0
3. Care and professionalism shown by our staff and doctors.	3	2	1	0
4. Assistance with billing or insurance questions.	3	2	1	0
5. Overall rating of your visit.	3	2	1	0
6. Overall rating of this office.	3	2	1	0

***PLEASE INDICATE THE PHYSICIAN OR PROVIDER SEEN AT YOUR LAST VISIT:***

**\*\*\*PLEASE TURN OVER AND COMPLETE BACK PAGE\*\*\***

**visit us on the internet at [www.commonwealthurology.com](http://www.commonwealthurology.com)**



**GENERAL INFORMATION**

1. Why did you choose this practice? *(Check all that apply)*  
 Another doctor recommended       Friend/relative recommended       Insurance  
 Reputation for quality care       Location of office       Yellow Pages  
 Internet       Other \_\_\_\_\_
  
2. What was the primary insurance coverage for the service received? *(Check one)*  
 Aetna       Anthem/Blue Cross       Bluegrass Family Health  
 Humana       Medicare       Medicare Advan  
 Medicaid       United Healthcare       Private Pay  
 Other \_\_\_\_\_
  
3. Would you recommend our office to a family member or friend?  
 YES       NO If No, why not? \_\_\_\_\_
  
4. Have you ever visited our website at [www.commonwealthurology.com](http://www.commonwealthurology.com)? If so, did you find it helpful?     YES       NO  
\_\_\_\_\_  
\_\_\_\_\_

What aspects of our practice do you like best? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How could we improve our services? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for your time.

**Please return survey by mail or fax to:  
Commonwealth Urology Corporate Office  
1760 Nicholasville Rd, Ste 301  
Lexington, KY 40503  
Fax (859) 278-2326**

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