



Ear, Nose, & Throat care for your family

Georgetown ENT

a professional association

Scott W. Franklin, M.D.
 3201 South Austin Avenue, Suite 370
 Georgetown, Texas 78626-7537
 Ph: 512.869.0604
 Fax: 512.868.5936
 www.Georgetown-ENT.com

Patient Satisfaction Survey

We want to be sure we are doing everything we can to serve you. Please take a minute to fill out this confidential survey. Just let us know what we are doing well and what we can do better!

Appointment date: _____

Please indicate your level of satisfaction with the following items related to your office appointment. Use a scale of 1 to 5 with 5 being Very Satisfied and 1 being Not at all Satisfied. If an item is not related to your care, please choose N/A.

| | Not at all Satisfied (1) | (2) | Neutral (3) | (4) | Very Satisfied (5) | N/A |
|--|--------------------------|-----|-------------|-----|--------------------|-----|
| Getting through to the office by phone. | | | | | | |
| The manners/courtesy/friendliness of the person(s) who scheduled your appointment. | | | | | | |
| Clarity of the information provided regarding office policies and appointment details. | | | | | | |
| The professionalism and helpfulness of the staff when you checked in at your appointment. | | | | | | |
| The professionalism and helpfulness of the staff when you checked out at your appointment. | | | | | | |
| Your wait time in the office. | | | | | | |
| The comfort, cleanliness and amenities of the reception area. | | | | | | |
| The explanation of payment due at the end of your visit. | | | | | | |
| The extent to which staff respected you privacy. | | | | | | |

| | | Poor (1) | (2) | (3) | (4) | Excellent (5) | N/A |
|--|-------------|----------|-----|-----|-----|---------------|-----|
| The courtesy of the nurses/medical assistants during your visit. | | | | | | | |
| The provider's listening skills. | Physician | | | | | | |
| | Audiologist | | | | | | |
| The provider's personal manner (courtesy, respect, sensitivity, friendliness). | Physician | | | | | | |
| | Audiologist | | | | | | |
| The provider's explanation of procedures or tests performed, diagnoses or treatment regimen. | Physician | | | | | | |
| | Audiologist | | | | | | |
| The provider's technical skills (thoroughness, carefulness, competence). | Physician | | | | | | |
| | Audiologist | | | | | | |

| | | | |
|--|-----|----|---|
| Would you recommend this practice to family and friends? | Yes | No | If you answered No to any of these questions, please explain: |
| Would you return to see this provider again? | Yes | No | |
| | Yes | No | |

Did any specific staff member stand out? Yes No
 If yes, who and why?

Was there any aspect of your care that could be improved? Yes No
 If yes, please explain.

Please leave your name and phone number if you would like someone to contact you to discuss your experience with our office: _____