

Contemporary Women's Care

Thank you for choosing Contemporary Women's Care as your OB/GYN provider. Our goal is to continually provide superior care with respect and concern for each of our patients and their individual needs. We value your opinion. Please take a few minutes to answer the following.

EVALUATION

1. How did you hear about our office? Current Patient Referred by _____
 Insurance Yellow Pages Website Ad (List Publication) _____
2. Was the staff courteous and professional? Yes No
3. Do you feel the staff was interested in you personally? Yes No
4. How long was the average waiting room time before seeing the nurse?
 0 – 5 minutes 15 – 30 minutes 30 – 45 minutes 45 – 60 minutes
If you waited longer than 30 minutes, were you notified of the delay? Yes No
5. Were your questions adequately answered? Yes No
6. Were your phone calls returned within 24 hours? Yes No
7. Were the business transactions conducted in a satisfactory manner? Yes No
If not, why? _____
8. If you are pregnant, did you participate in our OB education?
Did you find it beneficial? Yes No Why? _____
9. At what office location were you seen? Clearwater Seminole
10. What was the date of your appointment? _____ Time? _____
11. Which practitioner/doctor did you see? _____
12. How would you rate your overall experience? Excellent Good Fair Poor
13. Do you have any comments on improving patient care? _____

Name (optional) _____

Please kindly leave your evaluation form either in the suggestion box in the patient waiting room, with the receptionist at your next visit, or mail it to our office. Thank you for your assistance in our continuing efforts to be the best possible women's healthcare provider for you. Your feedback can make a difference!