

Please Help Us Evaluate Our Clinic

1. When you called to make an appointment, was the phone answered promptly? ___ Yes ___ No

2. Was the receptionist courteous? _____ Yes _____ No

3. Were you able to schedule your appointment in a timely manner?

_____ Yes _____ No ---- *If no which physician were you trying to see*

(Circle) Dr. Harris Dr. Hamilton Dr. George Nicole Powe, CNM Heather Patchin, WHNP

4. If your requested physician was unavailable were you offered alternatives? _____ Yes _____ No

5. If you had an appointment, was your wait for the appointment acceptable?

_____ Yes _____ No --- *If no, how long did you wait?* _____

6. Please rate the courtesy of any staff that assisted in your visit.

Receptionist (Circle) Excellent Good Fair Poor

Financial Services (Circle) Excellent Good Fair Poor

Nursing Services (Circle) Excellent Good Fair Poor

Medical Secretary/Billing (Circle) Excellent Good Fair Poor

Names if known: _____

7. If you left a voice mail was your call returned within a reasonable time frame?

___ Yes ___ No ---- *If no, how long before the call was returned?* _____

Which doctor was the voice mail left for?

(Circle) Dr. Harris Dr. Hamilton Dr. George Nicole Powe, CNM Heather Patchin, WHNP

8. How did you learn of this clinic? Newspaper _____ Radio _____ Television Ad _____
Friend _____ Physician Referral _____ Yellow Pages _____ other? _____

9. Would you refer friends or family to this clinic? ___ Yes ___ No

10. Which physician did you see today?

(Circle) Dr. Harris Dr. Hamilton Dr. George Nicole Powe, CNM Heather Patchin, WHNP

11. Please rate the appearance and cleanliness of the clinic

(Circle) Excellent Good Fair Poor

Please write any comments or suggestions on the back of this form.

Thank you for taking the time to evaluate our services.

After completing your visit, please drop this form into the locked box in the waiting room area
or mail to WGM Survey 1221 24th Ave Meridian, MS 39301

Name: _____ (optional)