



Martha B. Boone, MD LLC

Board Certified Urologist
Where Quality & Personalized Care Meet

Date of your visit: _____

Please circle how well you think we are doing in the following areas:

5 = Great 4 = Good 3 = OK 2 = Fair 1 = Poor

	GREAT 5	GOOD 4	OK 3	FAIR 2	POOR 1
Scheduling your appointment:					
Was the person who scheduled your appointment courteous and helpful?	5	4	3	2	1
The time between your call and your actual appointment date?	5	4	3	2	1
The clarity of appointment date, time and location?	5	4	3	2	1
When you checked in for your appointment:					
Was the patient services specialist friendly and courteous when you arrived?	5	4	3	2	1
Did you find the waiting room comfortable and clean?	5	4	3	2	1
Medical Assistants:					
Was the MA courteous and helpful?	5	4	3	2	1
Was the MA able to answer your questions?	5	4	3	2	1
Dr. Boone:					
How would you rate the clarity of the Dr. Boone's explanation of your condition and treatment options?	5	4	3	2	1
Her communication skills? (courtesy, respect, sensitivity, friendliness)?	5	4	3	2	1

	GREAT 5	GOOD 4	OK 3	FAIR 2	POOR 1
When you checked out after your appointment:					
Was the patient services specialist friendly and courteous when you checked out?	5	4	3	2	1
Was your follow-up appointment made for a date and time that was best for you?	5	4	3	2	1
Was the receptionist knowledgeable about additional testing that needed to be performed?	5	4	3	2	1
Follow-up from your appointment:					
Did you receive your results in a timely manner?	5	4	3	2	1
If you had a procedure scheduled, were you able to get a date and time that worked best for you?	5	4	3	2	1
Website (www.femaleurologist.com) :					
Was our website easy to navigate?	5	4	3	2	1
How useful was the information on the site?	5	4	3	2	1

Additional Feedback:

Any comments or suggestions you might have to help us improve our service would be greatly appreciated:

Personal Information:

Providing this information is optional.

Name: _____

Gender: Male Female

Age: _____

Please Fax this survey to 404-705-8314

or

Mail the survey to 960 Johnson Ferry Rd., Suite 245, Atlanta, GA 30342

Thank you for taking the time to fill out our survey. We rely on your feedback to help us improve our services. Your input is greatly appreciated!