



# 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
<b>Scheduling your appointment:</b>					
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
<b>When you checked in for your appointment:</b>					
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
<b>Medical Assistants:</b>					
Was the MA courteous and helpful?	5	4	3	2	1
Was the MA able to answer your questions?	5	4	3	2	1
<b>Dr. Boone:</b>					
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
<b>When you checked out after your appointment:</b>					
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
<b>Follow-up from your appointment:</b>					
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
<b>Website (<a href="http://www.femaleurologist.com">www.femaleurologist.com</a>) :</b>					
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:

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**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!*