

Mohs Patient Survey Questionnaire

To improve our patient care and better serve our patients, we are conducting a patient survey to get your opinions on the services that we provide. Please take a few moments to complete this questionnaire related to your experience at our office. Thank you for your assistance.

Today's Date: _____

Your Experience Scheduling Your Appointment:

	Excellent	Very Good	Good	Fair	Poor
1. The courtesy of the scheduling staff was:	<input type="checkbox"/>				
2. The explanation of preoperative instruction provided over the phone was:	<input type="checkbox"/>				
3. The ability of the scheduling staff to answer your questions was:	<input type="checkbox"/>				
4. Your overall experience with scheduling and preoperative instruction through the phone was:	<input type="checkbox"/>				

Your Experience During the Surgery With Our Staff

The main medical assistant who took care of you during surgery was (please circle):

Anjelica Blanca Celina Sonia Not Sure

1. The explanation of the risk and benefit of the procedure by our medical assistant before the surgery was:	<input type="checkbox"/>				
2. The care that you received from our medical assistant during surgery was:	<input type="checkbox"/>				
3. The care that you received from our doctor during surgery was:	<input type="checkbox"/>				
4. The postoperative wound care instruction given by our medical assistant was:	<input type="checkbox"/>				

Your Experience After the Surgery

1. Postoperative dressing and wound care instruction was:	<input type="checkbox"/>				
2. Our availability after surgery to answer your questions:	<input type="checkbox"/>				
3. Follow-up calls the day after surgery were helpful, timely and effective:	<input type="checkbox"/>				

(PLEASE TURN OVER)

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Your overall experience was:

Would you recommend our clinic to other patients? Yes No
If no, please explain.

Any additional comments you have are deeply appreciated.

May we use your comments on our website? Yes No

Your Name (optional): _____

Your Telephone Number (optional): _____

We truly appreciate your feedback. Your comments or suggestions will help us to serve you better.