

Patient Satisfaction Survey

SIMI SURGERY CENTER
1920 LOS ANGELES AVE.
SIMI VALLEY, CA 93065
805-306-8800 / 805-306-8809 FAX

OPTIONAL

Your Name _____
Address _____
City, State, Zip _____
Phone _____
eMail _____

The date of your surgery or procedure? _____

Was this your first visit to the Surgery Center as a patient?

Yes No # _____ visits

The name of the doctor in charge of your care? _____

Please rate the services you received with a check in the appropriate box.

	Excellent	Good	Fair	Poor	N/A
Surgical procedure was discussed to my satisfaction prior to the event.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The phone call to prepare for surgery was helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The center was comfortable and organized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The staff was available to answer questions and to explain procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post-surgery instructions were explained clearly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriptions were given and explained clearly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Surgery Center was convenient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Surgery Center staff was courteous and efficient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Billing and insurance questions were answered clearly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpfulness of the phone call to your home after surgery.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anesthesiologist's explanation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff concern for your privacy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What did you find most informative about the Surgery Center? _____

What did you like most about the Surgery Center? _____

Were there any problems you did not anticipate? _____

How might we improve? _____

Would you tell others about the Surgery Center? _____

Which location would you prefer for Surgery? Hospital Surgery Center

Reasons for your preference. _____

How did you find out about the center? _____

Please return all surveys to Simi Surgery Center. Thank You!