

PATIENT GYNECOLOGICAL FORM

**Thank you for choosing Eastside Gynecology for your healthcare needs.
In an effort to continue providing excellent care for all of our patients,
we ask that you take a moment to complete this survey.**

Name (optional) _____ Date _____

How were you referred to us? Please check all that apply.

- Physician referral Physician Name: _____ Address / Location: _____
 Friend: May we thank her for the referral? Name: _____ Address: _____
 Advertisement / Internet Search Engine, please list: _____
 Other, please list: _____

Reason for Visit: Surgical Follow-up New GYN Patient GYN Follow-up Exam Other _____

Please answer the following questions about your Receptionist(s) / Medical Assistant(s)

Was the front desk receptionist courteous and professional?	Yes	No	N/A
Did your medical assistant smile and introduce herself?	Yes	No	N/A
Was she courteous and professional during your visit?	Yes	No	N/A
Were you able to make a follow-up appointment with ease?	Yes	No	N/A

Please rate your GYN experience: (circle one)

	Poor			Excellent		
Receptionist	1☆	2☆	3☆	4☆	5☆	N/A
Medical Assistant	1☆	2☆	3☆	4☆	5☆	N/A
Sonogram Technician	1☆	2☆	3☆	4☆	5☆	N/A
Laboratory Technician / Blood Drawing	1☆	2☆	3☆	4☆	5☆	N/A
Healthcare Provider	1☆	2☆	3☆	4☆	5☆	N/A

Please answer the following questions about your Provider:

Who was your provider today? _____

Was he / she courteous and professional during your visit?	Yes	No	N/A
Were tests, exams, and/or procedures explained to you?	Yes	No	N/A
Was follow-up or future plane of care discussed?	Yes	No	N/A

Would you recommend our services to others? Why or why not?

Please tell us what you feel could be done to improve our services:

Please be aware that in addition to full service women's healthcare, Eastside Gynecology also offers reconstructive vaginal plastic surgery options.