

DR. SHANKAR ACHARYA, ORTHO SPINE SURGEON

PATIENT FEEDBACK

Tell us how we can improve our services :

We would like to know how you feel about the services we provide so we can make sure we are meeting your needs. Your responses are directly responsible for improving these services. All responses will be kept confidential and anonymous. Thank you for your time.

(Please rate your recent experience with us on a scale of 1 to 5 (1=Excellent, 2= Good, 3=Satisfactory, 4= Fair, 5=Poor; mark N/A if the question does not apply to your experience).

1. Making an appointment was smooth and efficient

1. 2. 3. 4. 5. N/A

2. Checking-In for my appointment & wait time was reasonable

1. 2. 3. 4. 5. N/A

3. The Surgeon listened to me and was caring, empathetic and respectful

1. 2. 3. 4. 5. N/A

4. The care provided met my expectations/my health was improved

1. 2. 3. 4. 5. N/A

5. The educational information provided was helpful and improved my understanding of my condition/procedure

1. 2. 3. 4. 5. N/A

6. Are you happy with your post operative care?

Yes No N/A

7. I would recommend you to my friends and family

Yes No

8. How can we improve ?

P.T.O.

May we contact you for a patient testimonial?

If so, please include your name and contact information below:

Full Name

Phone Number :

Address:

Email Address:

Signature

9. Would you like to provide feedback that will be included in our patient feedback & testimonials section of our website?

Yes

No

10. Would you like to volunteer in our charitable activity if yes please tick here and we will contact you.

Yes

Thank You for completing the form.