



**Foot and Ankle  
of West Georgia, P.C.**

2751 Warm Springs Road, Suite A

Columbus, GA 31904

(706) 327-8819 Office (706) 327-3147 Fax

Dr. James J. Bartley, Jr.; Dr. Alap P. Shah; Dr. Michael A. Schreck; M. Carter Hyneman, D.P.M.

**PATIENT SURVEY QUESTIONNAIRE**

Dear Patient,

Our staff and I want to provide you and your family with the highest quality health care possible. To help us evaluate our effectiveness, we would like your opinions of our practice.

Your answers and suggestions on the following questionnaire will help us continue to improve the health care we provide you. Please take a few minutes to give us this important information and return to the Receptionist at time of check-out or mail back to our office.

Thank you for helping us to serve you better.

- Please select the name of your Provider      Bartley      Shah      Schreck      Hyneman

- When you telephoned our office to schedule an appointment, were we able to answer your questions and were you treated courteously by our staff?

Yes    No

If not, please explain:

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- Was our staff friendly and courteous to you upon your arrival here at the office?

Yes    No

If not, please explain:

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- Did you have to wait more than 25 minutes to see the Doctor?

Yes    No

If so, did our staff explain delays to you?

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- **When you were taken back to the examination room by the Nurse, was she courteous and friendly?**

Yes  No

**If not, please explain:**

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- **After being seen by our Doctor, were you treated courteously by our staff when checking out in regards to collecting for payment of co-pays, supplies, etc.?**

Yes  No

**If not, please explain:**

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- **Were you satisfied with the quality of the medical treatment you received from the Doctor?**

Yes  No

**If not, please explain:**

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- **Do you feel the Doctor spent the time needed to evaluate your foot and/or ankle problem?**

Yes  No

**If not, please explain:**

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- **Did the Doctor listen to you and/or your family member carefully about your concerns and questions?**

Yes  No

**If not, please explain:**

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- **Do you feel the Doctor understood your problem or condition?**

Yes  No

**If not, please explain:**

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- Do you feel the Doctor treated you and/or your family member with courtesy and respect?

Yes  No

If not, please explain:

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- Did our Doctor explain what was being done and why?

Yes  No

If not, please explain:

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- Do you feel the Doctor helped you and/or your family member with your problem?

Yes  No

If not, please explain:

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- Overall, how satisfied do you feel about your visit with the Doctor?

Very Satisfied  Satisfied  Somewhat Satisfied  Not Satisfied

If not satisfied, please explain:

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- Do you feel our Billing/Insurance Specialist has been able to answer your questions and/or concerns that you may have regarding your account balance?

Yes  No

If not, please explain:

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- Were you treated with courtesy and respect by all staff that you encountered here at Foot and Ankle of West GA.?

Yes  No

If not, please explain:

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- Do you feel the examination rooms were neat and clean?

Yes  No

If not, please explain:

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