

# Metro OBGYN, LLC

800 Mercy Dr., Ste. 210, Council Bluffs, IA 51503

3213 S. 24th St., Omaha, NE 68108

We would appreciate it if you would take a few minutes of your time to help us. Our goal is to provide comfort, convenience, and satisfaction, as well as the best medical care, to all of our patients. We would like to know how you feel about our medical services, our patient-handling systems, and our physicians and staff members. Your comments will help us evaluate our operations to ensure that we are truly responsive to your needs. Thank you for your help.

**Please circle the response you feel is most appropriate.**

**How satisfied are you with: Very Somewhat Somewhat Very N/A**

**Satisfied Satisfied Dissatisfied Dissatisfied**

## 1. Your communication with our:

A. Front Desk Receptionist 1 2 3 4 5

B. Telephone Receptionist 1 2 3 4 5 C. Billing Department Staff 1 2 3 4 5 D. Nurses 1 2 3 4 5 E. Surgery Schedulers 1 2 3 4 5

Your Comments:

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## 2. The efficiency of our:

A. Front Desk Receptionist 1 2 3 4 5

B. Telephone Receptionist 1 2 3 4 5

C. Billing Department Staff 1 2 3 4 5

D. Nurses 1 2 3 4 5

E. Surgery Schedulers 1 2 3 4 5

Your Comments:

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## 3. How would you rate our nurses in terms of:

A. Responsiveness to your question 1 2 3 4 5

B. Time spent with patients 1 2 3 4 5

C. Medical Knowledge 1 2 3 4 5

Your Comments:

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## 4. How would you rate your appointment with us?

A. Seen in reasonable timeframe 1 2 3 4 5

B. Scheduled at a convenient time 1 2 3 4 5

C. Visit completed in timely manner 1 2 3 4 5

D. Seen by your preferred provider 1 2 3 4 5

Your Comments:

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Very Somewhat Somewhat Very N/A  
Satisfied Satisfied Dissatisfied Dissatisfied

**5. During your appointment with our DOCTOR did you feel:**

- A. The doctor listened 1 2 3 4 5
- B. Your questions were answered 1 2 3 4 5
- C. The examination was thorough 1 2 3 4 5
- D. Amount of time spent with you 1 2 3 4 5

Your Comments:

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**6. During your appointment with our NURSE PRACTITIONER (APRN) did you feel:**

- A. The APRN listened 1 2 3 4 5
- B. Your questions were answered 1 2 3 4 5
- C. The examination was thorough 1 2 3 4 5
- D. Amount of time spent with you 1 2 3 4 5

Your Comments:

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Who was your appointment with? Sotolongo Ortiz Kim Martha Carrie Deb  
Your appointment was at: Mercy So Omaha Denison  
Your appointment was for: OB Care GYN Care Well Health Surgery Postpartum Care Other

**7. Please rate our communication with you in the following areas:**

- A. Calls were answered promptly 1 2 3 4 5
- B. Questions answered over the phone 1 2 3 4 5 C. Calls returned in a timely 1 2 3 4 5
- D. Timeliness of receiving test results 1 2 3 4 5 E. Usefulness of educational materials 1 2 3 4 5

Your Comments:

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How did you hear about us? Family Member Friend Co-Worker Metro OBGYN Website Internet Search  
Other

**8. How would you rate our facility:**

- A. Hours of operation were convenient 1 2 3 4 5 B. Overall comfort of the office 1 2 3 4 5
- C. Adequate parking 1 2 3 4 5 D. Signage and directions easy to follow 1 2 3 4 5

Your Comments:

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**9. Overall Rating:**

- A. Our practice 1 2 3 4 5
- B. Quality of medical care 1 2 3 4 5

Your Comments:

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