

EAR CONSULTANTS OF GEORGIA

Sanjay A. Bhansali, M.D.

NEW PATIENT QUESTIONNAIRE

DATE: _____

PLEASE COMPLETE THIS QUESTIONNAIRE AND RETURN IT IN THE POSTAGE-PAID ENVELOPE OR FAX TO 404-943-0171.

PATIENT NAME: _____

Please indicate your impression of the following items having to do with your recent appointment at Ear Consultants of Georgia. Your comments and suggestions are appreciated in our effort to provide you with the best service possible.

	POOR	SATISFACTORY			EXCELLENT
	1	2	3	4	5
1. TELEPHONE GREETING AND APPOINTMENT	1	2	3	4	5
2. REGISTRATION PROCESS	1	2	3	4	5
3. WAITING TIME BEFORE I SAW THE DOCTOR	1	2	3	4	5
4. HEARING / BALANCE TESTING	1	2	3	4	5
5. INVESTIGATION OF MY COMPLAINT BY THE DOCTOR	1	2	3	4	5
6. EXPLANATION OF MY COMPLAINT BY THE DOCTOR	1	2	3	4	5
7. TREATMENT RECOMMENDED	1	2	3	4	5
8. CHECK OUT	1	2	3	4	5
9. FAIRNESS OF EAR CONSULTANTS FEES	1	2	3	4	5
10. OVERALL IMPRESSION OF EAR CONSULTANTS	1	2	3	4	5

COMMENTS: _____
