

Patient Survey

The staff of Physician's Surgery Center of Longview would like to thank you for choosing us to provide your outpatient surgical care. We are committed to continually improving our services. Because of this, we are asking that you take a few minutes of your time to complete this survey.

1. Did you find the facility clean and comfortable? Yes No
2. Did you feel your waiting time in any area was excessive? Yes No
3. Did the Business Office Staff (Receptionist, Financial Counselor) treat you courteously and take enough time with you? Yes No
4. If you were scheduled for a pre-admission visit, did the nurse adequately prepare you or your family member for the procedure? Were all your questions answered and was enough time taken with you? Yes No
5. On the day of the procedure did the nursing staff understand your needs, explain procedures before they were performed, and take enough time with you? Yes No
6. On the day of the procedure did the anesthesia staff understand your needs, explain the procedures before they were performed and take enough time with you? Yes No
7. Was every effort made to maintain your privacy? Yes No
8. Have you been a patient at PSCL before? Yes No
9. If you have to have an outpatient procedure in the future, would you return to PSCL? Yes No
10. Would you refer your friends to us? Yes No
11. How did you hear about us? (Example: Doctor, mother)

Suggestions and Comments: