



Patient Survey

In an effort to continually provide the best service to our patients, we ask you to complete this survey and return it to us. Your input and feedback will help us continue to improve upon the care we bring our patients.

	Excellent	Good	Needs Improvement
1. Admitting / Registration			
Professional and courteous service	_____	_____	_____
Speed and efficiency of registration	_____	_____	_____
Satisfactory answers to questions	_____	_____	_____
2. Nursing			
Professional and courteous service	_____	_____	_____
Nurses introduced themselves & kept you informed	_____	_____	_____
Satisfactory answers to questions	_____	_____	_____
Written instructions for home care	_____	_____	_____
3. Overall			
Staff gave you privacy	_____	_____	_____
Cleanliness and comfort of center	_____	_____	_____
Likelihood you would return or recommend our center	_____	_____	_____
Overall rating of your experience	_____	_____	_____

4. Additional comments:

5. Name (optional): _____

Please return this form to: Valley Physicians Surgery Center
18330 Roscoe Blvd. Northridge, CA 91325