

HOUSTON NEUROLOGY ASSOCIATES

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EXIT SURVEY

The Physicians and Staff of Houston Neurology Associates value your feedback. In a continuing effort to provide the most personalized and quality service, your comments are appreciated. Please complete this after your visit and leave it in the box in the waiting room.

1. When you telephoned the office was your call returned promptly? _____
2. When you telephoned the office was your call handled courteously? _____
3. When you arrived at the office did the receptionist greet you courteously and professionally? _____
4. Were our personnel neat in appearance, dress and personal cleanliness? _____
5. Which doctor did you see today? _____
6. After you arrived at the office, how long did you wait in the waiting room before being seen by the doctor? _____
7. Do you consider the total time you spent waiting to be reasonable? _____
8. Did your doctor answer all of your questions adequately? _____
9. Did you find the office and examining room comfortable and clean? _____
10. What suggestions do you have to help us serve our patients better?

We recognize the value of your time and appreciate your pausing to give us feedback.

Today's Date

Your Name (Optional)