



How Are We Doing?

Thank you for choosing Boerne/Bulverde Urgent Care Centers for your medical care. We are committed to providing you and your family the best medical care possible. Please take a few minutes to fill out this survey on the timeliness and quality of the service you received today. We welcome your feedback and your answers will be kept confidential. Thank you for your participation.

General Patient Information

In general, what is the quality of your health?

- Outstanding
- Good
- Some chronic issues
- Poor

How would you rate our concern for your privacy?

- Outstanding
- Good
- Adequate
- Needs improvement
- Poor
- N/A

How many times have you visited Boerne or Bulverde Urgent Care?

- First
- Visit 2-5
- Visits More than 6

Your Visit

What time of day did you come in to see a physician?

- Morning
- Early afternoon
- Late afternoon
- Evening

If you had a scheduled appointment, did you have to wait longer than expected to be seen by the physician?

- Yes
- No

Day of Your Appointment

How would you rate the courtesy of the staff at the reception desk?

- Very courteous
-
-
-
-
-
-
- Rude

How long did you wait in the reception area?

- 0 to 5 minutes
- 5 to 20 minutes
- 20 to 40 minutes
- Other _____

How long did you wait in the exam room before the physician appeared?

- 0 to 5 minutes
- 5 to 20 minutes
- 20 to 40 minutes
- Other _____

Which department(s) did you visit during your visit?

Laboratory
Xray

The Nursing Staff

How would you rate the competence of the nurse who helped you?

Outstanding Good Adequate Needs improvement Poor N/A

How would you characterize the concern that the nurse showed for your problem?

Outstanding Good Adequate Needs improvement Poor N/A

Did the nurse respond to your requests within a reasonable period?

Yes No

The Doctor

Which doctor did you see today?

Mark the boxes that characterize the demeanor of your doctor:

Attentive Concerned Friendly Distracted Rushed Inconsiderate

How would you rate the competence of your doctor?

Outstanding Good Adequate Needs improvement Poor N/A

Did you feel that your doctor's examination was thorough?

Yes No N/A

Please rate the clarity of the doctor's explanation of your condition and treatment options:

Outstanding Good Adequate Needs improvement Poor N/A

How well did your doctor include you in healthcare decisions?

Outstanding Good Adequate Needs improvement Poor N/A

Were your questions answered to your satisfaction?

Yes No N/A

Would you recommend this facility and its staff to your family and friends?

Yes No N/A

The Lab Staff

How would you rate the professionalism and competence of the person who took your blood and worked on your lab or x-ray exam?

- Outstanding Good Adequate Needs improvement Poor N/A

If you received a lab or x-ray exam, please indicate the type(s) of lab exam you received:

- Blood test X-ray Other _____

If you received a lab exam, was the service prompt, comfortable, and courteous?

- Outstanding Good Adequate Needs improvement Poor N/A

Additional Feedback

Please list any areas in which our service could be improved.

Please share any additional comments.

Personal Information

Providing the following information is optional.

First Name: _____ Last Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Telephone: _____ Gender: _____ Age: _____

Would you like someone to contact you regarding your responses on this survey?

- Yes No

Thank you for taking the time to fill out our survey. We rely on your feedback to help us improve our services. Your input is greatly appreciated.