

Midwest Thoracic Surgeons, P.C.
Specializing in Chest Surgery
Robert J. Welsh, M.D. Gary Chmielewski, M.D.
Mark D. McGregor, P.A.
Phone: (248) 551-0669 Fax (248) 551-0058

Dear Patient,

In advance thank you for taking a moment to complete our survey. Our practice is extremely interested in providing the best care possible. Your input is greatly respected and your feedback will allow us to focus on any areas that may need improvement. All of your responses will remain confidential.

1. Which physician did you see during your visit?

_____Dr. Welsh _____Dr. Chmielewski

2. How did you learn about our practice?

_____Physician referral
_____Friend or relative
_____Another patient
_____Beaumont Referral Line
_____Other

3. Where you a “New” patient or an “Established” patient for your visit today?

4. When you called for your appointment, was the office staff courteous, efficient and helpful?

_____Yes _____No

5. Were you able to get an appointment day / time which was convenient for you?

_____Yes _____No

If “No” please explain: _____

6. How many days did you have to wait for an appointment?

1-3 days 4-6 days 7-10 days >10 days

7. Did you require a specific day / time / location for your appointment?

Yes No

8. What was the first thing you liked about our office?

9. Was there anything you disliked?

10. Approximately how long did you wait, after you scheduled appointment time, in the reception area?

minutes

11. How long did you wait in the exam room?

minutes

12. Was the physician courteous and respectful?

Yes No

13. Did the Physician answer all of your questions and concerns during the visit?

Yes No

14. Please rate the following items on the scale provided:

(3) Good (2) Fair (1) Needs improvement

- ___ Adequate parking
- ___ Office appearance
- ___ Courteousness of staff
- ___ Wait to be seen
- ___ Answers to your questions
- ___ Explanation of treatment / procedures
- ___ Explanation of fees
- ___ Promptness with which your phone calls are returned

If you had surgery: ___ Treatment during your hospital stay

15. Please rate our practice one (0-10 scale)10 being the best)_____

We would appreciate any other comments which would help us improve our service:

Please mail the completed survey back to:

Midwest Thoracic Surgeons, P.C.
3577 West Thirteen Mile Road, Suite 301
Royal Oak, MI 48073

Attn: Office Manager

Thank you,
Midwest Thoracic Surgeons