



Dear Patient: Our mission is to provide comprehensive, compassionate and complete state of the art oncology and hematology care. We'd like to know how you feel about our medical services, our physicians and staff members. Your comments will help us evaluate our operations to ensure that we are truly responsive to your needs. If you would like to be contacted regarding your experience, please provide your name and a contact phone number. **Thank you.**

Our Facility:	Excellent		Good		Poor
Convenience of the office? (i.e. Accessibility, parking, location)	5	4	3	2	1
Appearance of the office? (i.e. Comfort, amenities, cleanliness)	5	4	3	2	1
Ease of scheduling appointments via telephone?	5	4	3	2	1
Efficiency of the check-in process?	5	4	3	2	1
Satisfaction of reception area wait time?	5	4	3	2	1
Satisfaction of exam room wait time?	5	4	3	2	1
Satisfaction with our hours of operation?	5	4	3	2	1
Comments: _____					

Office Personnel:	Excellent		Good		Poor
Compassion and care shown by the front office personnel?	5	4	3	2	1
Professionalism and competency of the front office personnel?	5	4	3	2	1
Helpfulness and concern shown by the billing or insurance team?	5	4	3	2	1 N/A
Timeliness of your phone calls being answered?	5	4	3	2	1
Timeliness of your phone calls being returned?	5	4	3	2	1 N/A
Satisfaction of communication regarding appointment delays?	5	4	3	2	1 N/A
Getting advice or help when needed during office hours?	5	4	3	2	1
Satisfaction with your ability to contact us after hours?	5	4	3	2	1 N/A
Satisfaction with your ability to obtain prescription refills by phone?	5	4	3	2	1 N/A
Comments: _____					

Nursing Staff:	Excellent		Good		Poor
Compassion and care shown by the Nursing staff?	5	4	3	2	1
Professionalism and competency of Nursing staff?	5	4	3	2	1
Were any questions about your treatment explained to your expectations?	5	4	3	2	1 N/A
Satisfaction of their willingness to listen carefully to you?	5	4	3	2	1
Comments: _____					

PLEASE COMPLETE THE OTHER SIDE →

Physician:	Excellent	Good	Poor		
Compassion and care shown by the Physician/Nurse Practitioner?	5	4	3	2	1
Their availability during your course of care?	5	4	3	2	1
Was your plan of treatment explained to your expectations?	5	4	3	2	1
Were the potential side effects of your treatment explained thoroughly?	5	4	3	2	1
Satisfaction regarding the amount of time he/she spent with you?	5	4	3	2	1
Satisfaction regarding the instructions of your medication/follow up care?	5	4	3	2	1
Comments:	_____				

What additional service could we provide that would enhance your overall care and experience at our center?

Did someone make your experience excellent? If so, whom and what did they do for you? _____

Additional comments:

Would you recommend Gulfcoast Oncology to others?

- Definitely Yes
 Probably Yes
 Not Sure
 Probably Not
 Definitely Not

Which office do you visit regularly?

- St. Anthony's
 Palms
 Largo
 Clearwater
 Bardmoor
 Countryside

Which doctor or nurse practitioner do you see regularly?

- Dr. Alemar
 Dr. Ball
 Dr. Bergier
 Dr. Chamberlain
 Dr. Diaz
 Dr. Dolan
 Dr. Hano
 Dr. Ho
 Dr. Hough
 Dr. Jooma
 Dr. Knipe
 Dr. Luong
 Dr. Mace
 Dr. Michelman
 Dr. Paonessa
 Dr. Patel
 Dr. Peterson
 Dr. Ziegler
 Heather Blanchette, ARNP
 Ivette Boler, ARNP
 Michelle Mintz, ARNP
 Linda Stearns, ARNP
 Jose Velez, ARNP

Today's Date: _____

Name (optional): _____

Phone: _____

**Please return completed surveys in to a team member at our front desk. Thank you for taking the time to provide feedback to us.