



Confidential Patient Questionnaire

Dear Patient:

Pacific Fertility Center® values your opinion and greatly appreciates receiving your comments and suggestions. We continually strive to provide the highest quality of fertility care. The information you provide in this survey will help us to better understand how we can improve our service to you.

Rest assured your response will be held in the strictest of confidence.

Please fill out the attached survey and add any comments regarding our practice on the back of the form. A self-addressed postage paid envelope is provided for your convenience.

Thank you for your participation.

**Pacific Fertility Center ®
55 Francisco Street, Suite 500
San Francisco, CA 94133
415-834-3000**

Name (optional) _____

Date of Procedure: _____

- Physician: Dr. Philip Chenette Dr. Carolyn Givens Dr. Carl Herbert
 Dr. Isabelle Ryan Dr. Eldon Schriock Dr. Liyun Li

Clinical Coordinator: _____

Please rate the following questions, using the scale as your guide:

1	2	3	4	5
Extremely Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Extremely Dissatisfied

Your level of satisfaction with:

New patient intake:

1. _____ Friendliness of New Patient Guides
2. _____ Professionalism of New Patient Guides
3. _____ Availability of appointments
4. _____ General ease of entry as new patient

Do you want to commend a New Patient Guide?

Name(s): _____

Financial:

5. _____ Explanation of financial obligations
6. _____ Friendliness of financial advisor
7. _____ Clarity of billing
8. _____ Prices vs. value of services provided

Do you want to commend a Financial Coordinator?

Name(s): _____

Patient care experience:

9. _____ Friendliness of reception during visit(s)
10. _____ Friendliness of phone reception
11. _____ Length of time in the waiting room

Do you want to commend someone at the Front Desk?

Name(s): _____

12. _____ Accessibility of the physicians
13. _____ Professionalism of physicians
14. _____ Friendliness of the physicians
15. _____ Communication/explanation of questions regarding therapy from Clinical Coordinator
16. _____ Accessibility of Clinical Coordinator
17. _____ Friendliness of Clinical Coordinator
18. _____ Accessibility of our nursing staff
19. _____ Length of time to return phone calls
20. _____ Professionalism of our nursing staff
21. _____ Friendliness of our nursing staff
22. _____ Communication/explanation of questions regarding therapy from nursing staff
23. _____ Overall experience at the Centers

Do you want to commend a Clinical Coordinator, RN and/or MA?

Name(s): _____

Egg Donation Agency:

24. _____ Professionalism of our egg donation agency
25. _____ Friendliness of our egg donation agency
26. _____ Availability of appointments
27. _____ Availability of egg donors
28. _____ Overall experience at the egg donation agency

Laboratory:

29. ____ Interaction with the IVF Laboratory

30. ____ Information received from IVF Laboratory

If you have any additional comments regarding your experience with the IVF Laboratory, please provide them here:

Sperm Specimen Collection (If Applicable):

31. ____ Cleanliness of sperm collection room

32. ____ Privacy of sperm collection room

33. ____ Choice of materials/magazines provided

If you have additional comments regarding the sperm collection room process, please provide them here:

34. Average length of time in the waiting room:

____ 0-15 mins.

____ 15-30 mins.

____ 30-45 mins.

____ 45-60 mins.

____ 60+ mins.

35. Is it upsetting to you when patients bring their children to appointments at PFC?

____ Extremely Upsetting

____ Somewhat Upsetting

____ Not at all Upsetting

____ No Opinion

36. Average length of time to have ultrasounds and blood work completed:

____ 5-15 mins.

____ 15-30 mins.

____ 30-45 mins.

____ 45-60 mins.

____ 60+ mins.

37. Average length of time to have phone calls returned:

____ Within the hour

____ Within two hours

____ Same day

____ Next day

____ Two days or more

38. Were messages left with our after-hour answering service returned promptly?:

____ Yes

____ No

____ Not Returned

____ N/A

39. How did you first hear about us?:

____ PFC Patient

____ Radio Commercial

____ TV Commercial

____ Print Ad

____ News Story

____ Internet

____ Physician

____ Phone Book

____ Other (Please Specify)

Please place a check by the appropriate response:

YES

NO

40. Did you understand how to proceed with care after each visit and/or procedure?

41. Do you feel you have been treated with respect and courtesy at all times?

42. Has your privacy been provided for and respected?

43. I/We underwent (please circle all that apply): IUI IVF IVF w/Egg Donor I was an Egg Donor FET

44. What would you tell another couple to expect at our center? What would you wish someone had told you specifically about the process that would have been helpful?

45. If you could change one thing about our practice, what would it be?

YES

NO

46. If you needed another cycle, would you return to our center? If no, please explain.

If you would like to provide additional comments, please write below: