



**MIDAMERICA  
NEUROSCIENCE  
INSTITUTE**

8550 Marshall Drive, Suite 100  
Lenexa, KS 66214  
913-894-1500

**Vernon D. Rowe, MD  
George R. Moreng, MD  
Dana M. Winegarner, DO  
H. Todd Feaster, PsyD**

**PATIENT SATISFACTION SURVEY**

Which physician did you see?	<input type="checkbox"/> Rowe <input type="checkbox"/> Moreng <input type="checkbox"/> Winegarner <input type="checkbox"/> Feaster					
At which location were you seen?	<input type="checkbox"/> Lenexa <input type="checkbox"/> North Park <input type="checkbox"/> Lee's Summit					
Who may we thank for referring you to our office?						
<b>HOW SATISFIED WERE YOU WITH THE FOLLOWING</b>						
<b>PRE-REGISTRATION AND SCHEDULING</b>	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	N/A
Scheduling and pre-registration process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpfulness of the person you spoke with on the phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>RECEPTION / FACILITY</b>						
The knowledge and helpfulness of the receptionist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The appearance in the reception area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time spent in the reception area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>NURSING</b>						
The cleanliness of the exam room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude and expertise of the nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for your privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education and information regarding your treatment plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promptness of return phone calls and voice mails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PHYSICIAN</b>						
Promptness of physician entering the exam room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The amount of time physician spent addressing your concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physicians' ability to communicate your treatment options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>DIAGNOSTIC TESTING</b>						
Promptness and courtesy of scheduler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of the scheduler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of appointment times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information rec'd (maps, directions, special instructions, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>MRI FACILITY</b>						
Cleanliness and appearance of facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courtesy of technician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional comments:						
<b>NEUROPHYS LAB (EEG, EMG, SSER)</b>						
Cleanliness and appearance of facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courtesy of technician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional comments:						
<b>SLEEP CENTER</b>						
Cleanliness and appearance of facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courtesy of technician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional comments:						
<b>OVERALL SATISFACTION RATING</b>	<b>YES</b>	<b>NO</b>				
Would you recommend our office to others?	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Additional Comments</b>						
<b>(Optional) Name:</b>	<b>Date Visited:</b>		<b>Today's Date:</b>			

**If you would like to contact our office to discuss this survey,  
Please call Rose Eilts at (913) 894-1500 x 144**

**STAFF OF CONSULTANTS IN NEUROLOGY**