



Dr Brian Hsu FRACS (Orth)
Adult & Paediatric Spine surgeon

Telephone: 1300 975 800
Facsimile: 02 8572 8269

Email: info@hsuorthospine.com.au
www.brianhsu.com.au

P.O. Box 6919 Baulkham Hills BC NSW 2153

PRACTICE LOCATIONS
Bella Vista | Chatswood | Homebush | Taree

Patient Satisfaction Survey

Dr Hsu's highest priority is to provide his patients with superior service. As a valued patient of Dr Hsu we appreciate you spending some of your time to answer a few questions regarding your experience on contacting or visiting Dr Hsu's practice.

Your responses are strictly confidential and only used to improve our service to our patients:

Patient Name: (optional)

Date:

How would you rate the following questions:

Please **tick** – Excellent, Good, Satisfactory, Poor, Not Applicable or your comment:

1. Was your phone call answered promptly when contacting the practice?

☐ Excellent ☐ Good ☐ Satisfactory ☐ Poor ☐ N/A

Comment:

2. Was the receptionist friendly and helpful?

☐ Excellent ☐ Good ☐ Satisfactory ☐ Poor ☐ N/A

Comment:

3. Was the length of time reasonable between making the appointment and being seen for your appointment?

☐ Excellent ☐ Good ☐ Satisfactory ☐ Poor ☐ N/A

Comment:

<p>4. Was Dr Hsu professional and courteous?</p> <p><input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor <input type="checkbox"/> N/A</p> <p>Comment:</p>
<p>5. Did Dr Hsu listen to all of your concerns?</p> <p><input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor <input type="checkbox"/> N/A</p> <p>Comment:</p>
<p>6. Was the length of your consultation appropriate?</p> <p><input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor <input type="checkbox"/> N/A</p> <p>Comment:</p>
<p>7. Did Dr Hsu adequately explain your treatment options?</p> <p><input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor <input type="checkbox"/> N/A</p> <p>Comment:</p>
<p>8. Did you receive the appropriate information from the Practice Nurse regarding your condition?</p> <p><input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor <input type="checkbox"/> N/A</p> <p>Comment:</p>
<p>9. Were the hours for appointments convenient for you?</p> <p><input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor <input type="checkbox"/> N/A</p> <p>Comment:</p>
<p>10. Was the practice location easily accessible?</p> <p><input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor <input type="checkbox"/> N/A</p> <p>Comment:</p>
<p>11. Overall assessment of your visits?</p> <p><input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor <input type="checkbox"/> N/A</p> <p>Comment:</p>

<p>12. Can we improve our service at any of the following stages?</p> <p><input type="checkbox"/> First Appointment <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Second Appointment <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes – Please comment:</p>
<p>13. Did you seek information from Dr Hsu's website? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes – did you find it easy to access information on the website and was the information easy to understand?</p>
<p>14. How did you hear about Dr Hsu's practice?</p> <p><input type="checkbox"/> GP <input type="checkbox"/> Other Specialist <input type="checkbox"/> Physio <input type="checkbox"/> Friend <input type="checkbox"/> Website</p> <p><input type="checkbox"/> Other</p>
<p>15. How can Dr Hsu and his staff improve the level of service and care they provided to you?</p>
<p>16. Would you recommend Dr Hsu to family or friends? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please comment:</p>
<p>I would be happy to discuss my experience visiting Dr Hsu's practice with one of his staff <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Thank you for taking the time to help us improve the service and care you received from Dr Hsu and his staff.</p>
<p>If you have had surgery with Dr Hsu, please also kindly complete the following page</p>

Surgery Patients

17. Did you have contact with the Practice Nurse before your operation ☐ Yes ☐ No

Do you have any comments regarding his/her care?

18. Did you receive the appropriate information from the Practice Nurse regarding your surgery?

☐ Excellent ☐ Good ☐ Satisfactory ☐ Poor ☐ N/A

Comment:

19. Do you feel you were well informed about your surgery and the hospital process?

☐ Excellent ☐ Good ☐ Satisfactory ☐ Poor ☐ N/A

Comment:

20. Were you happy with the timeframe given to you for a surgery date?

☐ Excellent ☐ Good ☐ Satisfactory ☐ Poor ☐ N/A

Comment:

21. Can we improve our service at the surgical stage? ☐ Yes ☐ No

If **Yes** – Please comment:

22. Did you have contact with the Practice Nurse after your operation ☐ Yes ☐ No

Do you have any comments regarding his/her care?

<p>23. How would you rate your hospital experience?</p> <p> <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor <input type="checkbox"/> N/A </p> <p>Comment:</p>										
<p>24. Which Hospital did you have your surgery at?</p> <p> <input type="checkbox"/> North Shore Private <input type="checkbox"/> Norwest Private <input type="checkbox"/> Westmead Private </p>										
<p>25. Did you go to rehab after your Hospital stay?</p> <p> <input type="checkbox"/> Yes (please complete questions 26 & 27) <input type="checkbox"/> No </p> <p>If No - Please comment:</p>										
<p>26. How would you rate your rehab experience?</p> <p> <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor <input type="checkbox"/> N/A </p> <p>Comment:</p>										
<p>27. Which Hospital did you go to for rehab?</p> <table border="0"> <tr> <td><input type="checkbox"/> Delmar Private Hospital</td> <td><input type="checkbox"/> Forster Private Hospital</td> </tr> <tr> <td><input type="checkbox"/> Hirondeille Private Hospital</td> <td><input type="checkbox"/> Mayo Private Hospital</td> </tr> <tr> <td><input type="checkbox"/> Minchinbury Com Private Hospital</td> <td><input type="checkbox"/> Mt Wilga Private Hospital</td> </tr> <tr> <td><input type="checkbox"/> The Hills Private</td> <td><input type="checkbox"/> Westmead Rehab</td> </tr> <tr> <td><input type="checkbox"/> Hunters Hill Private</td> <td><input type="checkbox"/> Other:</td> </tr> </table>	<input type="checkbox"/> Delmar Private Hospital	<input type="checkbox"/> Forster Private Hospital	<input type="checkbox"/> Hirondeille Private Hospital	<input type="checkbox"/> Mayo Private Hospital	<input type="checkbox"/> Minchinbury Com Private Hospital	<input type="checkbox"/> Mt Wilga Private Hospital	<input type="checkbox"/> The Hills Private	<input type="checkbox"/> Westmead Rehab	<input type="checkbox"/> Hunters Hill Private	<input type="checkbox"/> Other:
<input type="checkbox"/> Delmar Private Hospital	<input type="checkbox"/> Forster Private Hospital									
<input type="checkbox"/> Hirondeille Private Hospital	<input type="checkbox"/> Mayo Private Hospital									
<input type="checkbox"/> Minchinbury Com Private Hospital	<input type="checkbox"/> Mt Wilga Private Hospital									
<input type="checkbox"/> The Hills Private	<input type="checkbox"/> Westmead Rehab									
<input type="checkbox"/> Hunters Hill Private	<input type="checkbox"/> Other:									
<p style="text-align: center;"> We appreciate you taking the time to complete this survey. It will help us improve the service and care Dr Hsu and his staff provide. </p>										