

## **Dear Clients of Clinic EGV!**

We are happy to hear your opinion on the provided services in order we could improve our work! Please put the filled out forms in the box in the reception of the Clinic!

Please evaluate out-patient services of Clinic EGV	In the Clinic you visited (you can also mark several)
with evaluation from 1 (lowest evaluation) to	Gynaecologist
5 (highest evaluation)	Urologist, andrologist
How do you evaluate:	© Endocrinologist
Observing the scheduled time of appointment?	Geneticist
(1) (2) (3) (4) (5)	Radiologist
Professionalism of the doctor offering treatment	Narcologist
solution?	Performed medically assisted insemination
1 2 3 4 5	Had tests
<ul> <li>Attitude and communication of the doctor during the</li> </ul>	
visit?	How did you find out about the Clinic EGV?
1) (2) (3) (4) (5)	Please encircle the suitable
Attitude of reception employees towards the patients?	From friends / relatives / acquaintances
(1)(2)(3)(4)(5)	In printed / electronic / social media
Price list of the medical services of the Clinic –	From the family doctor / gynaecologist / urologist
is it clearly understandable?	Other
(1) (2) (3) (4) (5)	Form is filled out by
Your recommendations, suggestions to improve	Female
our work	Male
	(Next section only for those who marked Male)
	Have you had a sperm test in the laboratory of the
	Clinic EGV during the last year?
Have you been treated in the patient day care unit of	Yes
the Clinic EGV (had puncture of ovaries, transfer of	○ No
embryo)?	If you have, how do you evaluate
Yes	<ul> <li>Was the sample collecting room comfortable?</li> </ul>
○No	Yes
If you have had a treatment how do you evaluate it:	No
• Attitude and communication of the nurses of the in-	<ul> <li>Were you provided with all necessary information about</li> </ul>
patient day centre?	the collecting of sperm?
1 2 3 4 5	Yes
<ul><li>Professionalism of nurses in the patient day care unit?</li></ul>	No
(1) (2) (3) (4) (5)	<ul> <li>Did the doctor of the Clinic explain you sufficiently how</li> </ul>
<ul><li>Comfort and atmosphere of the patient day care unit?</li></ul>	to prepare for the collecting of the sample?
(1) (2) (3) (4) (5)	Yes
<ul> <li>Professionalism of doctors during manipulations?</li> </ul>	No
(1) (2) (3) (4) (5)	<ul> <li>Did you feel confident about your confidentiality during</li> </ul>
	the provision of sample and visit?
Have you used the patient coordinator services?	Yes
Yes	No
○ No	Did the staff of the Clinic treat you tactfully enough
How do you evaluate help of the coordinator?	during your visit?
1 2 3 4 5	Yes
Your suggestions, recommendations to	○ No
improve the work of patient day care unit	
	Thank you for your feedback!
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