Gastroenterology Consultants Southwest, L.L.P.

PATIENT SATISFACTION SURVEY

Our ongoing mission is to continually improve our quality of our service and the quality of your experience. Please help us serve you better by taking a moment to give us your feedback. Feel free to use the "comments" section to elaborate on your answers. Thank you.

How would you rate your overall service experience with our practice?

____Excellent ____ Good ____ Fair ____ Poor

Comments: _____

How pleased were you with our service during your most recent visit with us?

____Very pleased ____ Pleased ____ Neither pleased nor displeased ____ Displeased

Comments: _____

Please rate the following (scale of 1 to 5, with 5 being best):

Telephone demeanor of staff ___ 1 ___ 2 ___ 3 ___4 ___5

Convenience of your appointment time ___ 1 ___ 2 ___ 3 ___4 ___5

Greeting upon arrival ___ 1 ___ 2 ___ 3 ___4 ___5

Helpfulness of our staff ___ 1 ___ 2 ___ 3 ___4 ___5

Sensitivity & attentiveness of doctor ___ 1 ___ 2 ___ 3 ___4 ___5

Explanations provided/questions answered ___ 1 ___ 2 ___ 3 ___4 ___5

Assistance with your account from our billing department ___ 1 ___ 2 ___ 3 ___4 ___5

Are you aware that our practice is currently accepting new patients? ____ Yes ____ No

Do you feel positive enough about our practice to refer family or friends? ____ Yes ____ No

Please comment on anything regarding our service that we might do or add to make your future experiences with us even more positive.

_____

_____

_____

Name (optional): _____

THANK YOU FOR YOUR TIME!