

**DIGESTIVE AND LIVER SPECIALISTS
PATIENT SATISFACTION SURVEY
www.gidocs.com**

Please take a few minutes to help us evaluate our Practice. This is important to us because we are interested in providing you with the finest quality medical services possible.

If you mark any answers negatively, we would especially appreciate additional comments regarding your concerns. **All responses are anonymous, so please take this opportunity to respond freely.**

Thank you for your time.

Your age: _____

Your gender: Female __ Male __

Was this your visit to our Practice? Yes __ No __

Your appointment date _____

Which provider did you see? Please check your choice:

Dr. Flax__ Dr. Dorsch__ Dr. Herman__ Dr. Mauk__ Dr. Thomson__ Dr. Nguyen__
Pat Walzel__

Do we participate in your insurance? Yes __ No __

If no, please provide us with your carrier's name: _____

Were you able to make an appointment easily and in a reasonable time period?

Yes __ No __ If no, please provide your comments here: _____

When you called to make an appointment, was the office staff helpful and courteous? Yes __ No __ If no, please provide your comments here: _____

Upon arrival at our office was the front office staff helpful and courteous?

Yes __ No __ If no, please provide your comments here: _____

HOW WOULD YOU EVALUATE:

Please check your choice:

The front office staff that made your appointment

Excellent__ Very Good__ Good__ Fair__ Poor__

The front office staff that assisted you during your appointment

Excellent__ Very Good__ Good__ Fair__ Poor__

Your overall healthcare at Digestive and Liver Specialists

Excellent__ Very Good__ Good__ Fair__ Poor__

The thoroughness of your treatment?

Excellent__ Very Good__ Good__ Fair__ Poor__

Explanations of medical procedures and tests?

Excellent__ Very Good__ Good__ Fair__ Poor__

Attention to what you had to say?

Excellent__ Very Good__ Good__ Fair__ Poor__

Friendliness and courtesy shown you by your provider?

Excellent__ Very Good__ Good__ Fair__ Poor__

Friendliness and courtesy shown you by our clinical staff?

Excellent__ Very Good__ Good__ Fair__ Poor__

Amount of time you had with provider(s) and staff during a visit?

Excellent__ Very Good__ Good__ Fair__ Poor__

Friendliness, helpfulness and courtesy shown by our billing staff?

Excellent__ Very Good__ Good__ Fair__ Poor__

What factor(s) influenced your initial choice of our Practice? (check all that apply)

- Referred by another patient
- Referred by another doctor
- Referred by family member or friend
- Telephone listing
- Web site
- Close to home/business
- Other- if you selected other, please specify source _____

What is the five-digit zip code at your home address? _____

AS A REMINDER ALL ANSWERS ARE ANONYMOUS.

Could we have done anything to make your visit better in anyway?

Any additional comments you may wish to share with us?
