

Patient Satisfaction Survey

Patient Name (Optional): _____

	Excellent	Good	Average	Needs Improvement
In general, how would you rate our facility?				
How would you rate the treatment of care from your physician or midlevel?				
How would you rate the personnel in regards to being courteous, knowledgeable, and responsive to your needs?				
How would you rate the physician or midlevel answering all your questions, and explaining any procedures or treatments for your care?				
Do you feel that an appropriate amount of time was spent with you during the office visit?				
If you were scheduled for a procedure or test, how clear and easy were the preparation instructions to follow?				
How likely are you to recommend Athens Gastroenterology Association to others?				

General comments and suggestions: _____
