



Patient Satisfaction Survey

Please circle how well you think we are doing in the following areas:	GREAT 5	OK 3	POOR 1		
	5	4	3	2	1
Office:					
Neat and clean building	5	4	3	2	1
Ease of finding where to go	5	4	3	2	1
Comfort and safety while waiting	5	4	3	2	1
Staff: Provider (Physician)					
Listens to you	5	4	3	2	1
Takes enough time with you	5	4	3	2	1
Explains what you want to know	5	4	3	2	1
Nurses, Medical Assistants and other staff					
Friendly and helpful to you	5	4	3	2	1
Answers your questions	5	4	3	2	1
Confidentiality:					
Keeping my personal information private	5	4	3	2	1

What did you like best about our practice? _____

Would you recommend our practice to a friend or relative? *Please circle one* **YES** **NO**

Did anyone stand out as exceptional or improve your patient experience during your visit? If so, who and why? _____

Please mail to:

Gastroenterology Practice Associates
 301 Highlander Blvd #121
 Arlington, TX 76018
 Fax: 817-468-7201

If completed in office, please hand it to the receptionist at checkout.

Thank you for completing our survey!