

**Austin Gastroenterology, P.A.**  
**1015 E. 32<sup>nd</sup> Street., Suite 300 Austin, Texas 78705**

**Patient Satisfaction Survey**

We hope your experience with our office was a pleasant one. To help us evaluate and improve our service, please take a moment to complete the survey and return to us. Thank you for your participation. Your input will help us deliver the best possible care for you and your family.

Date: \_\_\_\_\_

<b>AREA BEING EVALUATED</b>	<b>Poor</b> ☹				<b>Excellent</b> ☺
	1	2	3	4	5
Ease of reaching the office staff that you needed to speak with and using the telephone system					
Ease of scheduling your appointment					
Ease of check-in paperwork at the office					
Courtesy of the registration staff					
Courtesy of examining room staff					
Professionalism of Physician's Assistants (PA/CNS)					
Ease of understanding the treatment & instructions provided by the doctor's office.					
Ease of understanding the explanations of the medications prescriptions and how to take them.					
How was the responsiveness of the office staff to your needs and concerns					
Courtesy of staff scheduling your procedure					
Courtesy of the check-out staff					
The usefulness of printed information you received					
Courtesy and professionalism of the Physician Assistants					
The overall quality of care you received					
The usefulness of printed information you received					
Did we make it clear on how and whom to contact if you had any questions or concerns					
Respect shown for your privacy					
Cleanliness of the office					
Overall quality of care you received					
Would you return to this office for your gastroenterology care and would you recommend us to others.					

**Please comment on a score of less than 3**

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

**Thank you for providing us with this valuable information ☺**

**Name:** \_\_\_\_\_ **Physician:** \_\_\_\_\_