

prevention diagnosis treatment surgery www.gispecialistsmemphis.com

Your feedback is important to us. Please rate your experience while receiving care at this facility. Mark or circle one response that best describes your experience. Please return to a staff member or survey drop box. Thank you!

Are you: (check one) the patient family member, friend, support provider, etc.

Please select your visit type: office visit procedure Ultrasound other

PLEASE RATE THE FOLLOWING ASPECTS OF YOUR EXPERIENCE HERE:

	Excellent	Very Good	Good	Fair	Poor	Not Applicable
1. The overall quality of care you received at this office.	E	VG	G	F	P	N/A
2. Ease of getting an appointment time that was convenient for you.	E	VG	G	F	P	N/A
3. Friendliness of staff who took your registration and insurance information.	E	VG	G	F	P	N/A
4. How well the staff explained your procedure to you.	E	VG	G	F	P	N/A
5. How attentive the staff were to your needs.	E	VG	G	F	P	N/A
6. How well we met your expectations for timely care.	E	VG	G	F	P	N/A

Would you recommend us to a friend or family member: yes maybe no

Overall, were you treated well during your visit today? very good fair poor

If we have further questions, may we call you to talk about your experience here? yes no

Name: _____

Phone Number: _____

Email: _____

What could our office have done to make the experience for you and your family better?
