



# Gastroenterology Group of Rochester

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www.gastrogrouprochester.com

**OFFICE PATIENT SATISFACTION:** Thank you for your confidence in Gastroenterology Group of Rochester (GGR). We appreciate that you chose GGR as your specialty provider. We would appreciate it if you would complete the following survey about how you experienced GGR's practice service and communication.

**Please identify which provider you saw:**

\_\_\_\_ Physician: \_\_\_\_\_

\_\_\_\_ PA: KelleyAyn Wallace, RPA-C

**Which office provided you with care?**

\_\_\_\_ 919 Westfall Rd.

\_\_\_\_ Victor

\_\_\_\_ Batavia

**Thinking about your most recent visit how would you rate the following?**

Please rate, on a scale of 1-5 (with 5 being best). (Circle one.)

1. **Ease of scheduling an appointment.**

1      2      3      4      5

2. **Length of time waiting in the office.**

1      2      3      4      5

3. **The personal manner (courtesy, respect, sensitivity, friendliness) of the office staff.**

1      2      3      4      5

4. **The personal manner (courtesy, respect, sensitivity, friendliness) of the Physician/PA you saw.**

1      2      3      4      5

5. **Did you leave with an understanding of your future appointments?**

1      2      3      4      5      N/A

6. **If your future appointment is a procedure, did you understand the preparation instructions?**

1      2      3      4      5      N/A

7. **Did you see GGR's Web site at www.gastrogrouprochester.com?**

Yes      No

8. **Would you recommend GGR to your family and friends?**

Yes      No      Already Have

**Please provide us with any other comments, suggestions, or recommendations.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for taking the time to complete this survey. The survey results will be reviewed by practice management on a monthly basis and the results will be shared with the staff.

Name (optional) \_\_\_\_\_

Address (optional) \_\_\_\_\_

\_\_\_\_\_

**Thank you.**