

Hampton Roads Gastroenterology, P.C.

Office Patient Satisfaction Survey

We want to be sure we are doing everything we can to serve you. Please take a minute to fill out this survey. All responses are confidential, and we don't want you to sign it or otherwise indicate your name. Just let us know what we can do better!

Today's Date: _____ **Please circle your provider:** Dr. Hassan Dr. Corbett Paris Cofield NP

Please rate each of the following:	Excellent 5	Good 4	Average 3	Below Avg 2	Poor 1
The manners of the person who scheduled your appointment and/or procedure <i>Comments:</i>					
The professionalism and helpfulness of your reception: Was the receptionist polite/were your questions answered? <i>Comments:</i>					
Your wait time in the office <i>Comments:</i>					
The amount of time spent with your provider <i>Comments:</i>					
His or her explanation of procedures, diagnoses, or your treatment <i>Comments:</i>					