

Physician: _____

1=Poor 2=Fair 3=Satisfactory 4=Good 5=Excellent

1. Patient Registration Process:

Poor (1) (2) (3) (4) (5) Excellent

2. Were your questions answered in a courteous and thorough fashion?

Poor (1) (2) (3) (4) (5) Excellent

3. Was the Center's staff attentive to your needs?

Poor (1) (2) (3) (4) (5) Excellent

4. Do you feel you were treated with respect, consideration and dignity?

Poor (1) (2) (3) (4) (5) Excellent

1=Poor 2=Fair 3=Satisfactory 4=Good 5=Excellent

5. Were your discharge instructions adequately explained to you?

Poor (1) (2) (3) (4) (5) Excellent

6. At any time were you kept waiting for an extended period of time?

Poor (1) (2) (3) (4) (5) Excellent

7. If you were kept waiting for any time, did the staff keep you informed as to the reason for the delay?

Poor (1) (2) (3) (4) (5) Excellent

8. Was your escort treated as a guest and made comfortable while waiting?

Poor (1) (2) (3) (4) (5) Excellent

1=Poor 2=Fair 3=Satisfactory 4=Good 5=Excellent

9. How would you describe your overall experience at our facility?

Poor (1) (2) (3) (4) (5) Excellent

10. Was there any one individual or aspect of your experience that made it easier or more comfortable for you?

- Your physician
- Your anesthesiologist
- Our staff
- A particular staff member: _____

We welcome your comments or suggestions for improvement:.

Patient Name (optional): _____

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