

Saratoga Schenectady Gastroenterology Associates, P.C.
Attention: Patient Services Dept.
PO Box 569
Burnt Hills, NY 12027
518.831.1500

PATIENT SATISFACTION SURVEY

We would like to know how you feel about the services we provide so we can be sure we are providing the best possible patient care. Your responses are directly responsible for improving these services.

Once you've completed the survey, you may print it and mail to the address above or you can email it to portal@ssgastro.com.

Thank you for your time.

Gastroenterology Associates

Name (optional)

Age:

Date of Service:

Are you a new patient or Established patient

Gender: Male Female

Which office location was your visit in? Burnt Hills – Bldg 1 Burnt Hills – Bldg 2 Saratoga Schenectady

Please rate how well we are doing in the following areas:

HOW SATISFIED ARE YOU:	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied
Our Facility:				
With our office hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With your appointment being scheduled within a reasonable time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With the convenience to our office locations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With the ease of our signage and directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Waiting:				
With the waiting time in our waiting room and/or exam room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With our amenities offered in our waiting area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Our Staff – (were they Professional, Courteous, and Efficient)				
With our call center when scheduling your appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With our registration staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With our Medical Assistant/Nurse intake process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With your providers Medical Secretary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With the check-out process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With our staff when calling for prescriptions, test results, billing or any other questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: *(Feel free to highlight any positive or negative employee experience you may had had):*

Provider: (Physician, NP's, PA's)				
With obtaining the proper dignity and respect from your provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With the ability to ask questions to your provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With the amount of time spent with your provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With instructions regarding medication/follow –up care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With the clarity of explanation/answers from your provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied
<i>Our Communication with you:</i>				
With the effectiveness of our health information, instructions and hand-outs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With the ability to return your calls in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With getting advice or help during office hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With getting advice or help after office hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Confidentiality:</i>				
With us obtaining/keeping your confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Very Unaware	Unaware	Aware	Very Aware
How aware are you about the Health Care Reform Law/Patient Protection and Affordable Care Act (PPACA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
<i>If there is one thing you could choose to improve our services, what would that one thing be:</i>				
<i>What would you tell your friends and family about our practice and services</i>				

Thank you, we appreciate your help!