Colorectal Surgery Associates, P.C.

Circle your rendering provider: Douglas A. Brewer, MD M. Drew Honaker, MD Elizabeth L. Lowry, PA-C

Please help us serve you better by completing this brief survey. Providing your name and date of birth below is voluntary. Please include this information if you would like for us to contact you to address any of your concerns.

Instructions: Mark the box that best describes your visit. Please print clearly. Skip any questions that do not apply. Your answers will NOT impact the treatment that you receive at this facility. Survey responses will be used to help us better meet the expectations of our patients. These surveys will be monitored by our Practice Administrator.

Patient Name _____ Patient Date of Birth _____

1. Please indicate the reason you chose to visit our office (check all that apply):

Employer ☐ Insurance ☐ Friend ☐ Yellow Pages ☐ Television ☐ Website ☐ Physician Referral ☐

Internet Search ☐ If a physician referred you, please provide name of physician._____

Other ☐ If "Other", please explain: _____

Check-in/Check-out:

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. Were we polite and helpful when scheduling your appointment?	○	○	○	○
2. Was the office easy to find?	○	○	○	○
3. Was the "check-in" staff friendly, warm and welcoming?	○	○	○	○
4. Did we collect your information/payment in a professional way?	○	○	○	○
5. Was the staff concerned for your comfort and privacy?	○	○	○	○

Patient Care:

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. Was the clinical staff friendly, attentive and caring?	○	○	○	○
2. Did they answer any questions in a clear/thorough manner?	○	○	○	○
3. Did you feel that you and your family were treated with respect and dignity?	○	○	○	○
4. Did we make you feel comfortable during your exam?	○	○	○	○
5. Do you feel the provider spent enough time with you?	○	○	○	○
6. Did you feel your questions were answered & problems addressed?	○	○	○	○
7. Do you feel that your wait time was acceptable?	○	○	○	○
8. Will you return to our office for your future healthcare needs?	○	○	○	○

Additional Comments:_____

May we publish your responses on our website? Yes No If yes, please initial here indicating your permission _____

If you agreed to have your responses published, do you wish to remain anonymous? Yes No If yes, please initial _____

We appreciate your time and value your input! Thank you for choosing us to be a part of your healthcare team!