

REQUEST FOR IN OFFICE EVALUATION

It is a privilege for our office to care for your health needs. This is a comprehensive medical office and Dr. Garrity is a complete physician.

Please take a moment to let us know how we are doing.

(1= inadequate, 2=acceptable, 3=average, 4=good, 5= very good)

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|--|-------------|
| Recommend our office to a friend or family member? | 1 2 3 4 (5) |
| Level of trust to make decisions/ recommendations: | 1 2 3 4 (5) |
| Helps patients understand their condition: | 1 2 3 4 (5) |
| Listens and answers your questions and concerns: | 1 2 3 4 (5) |
| Spends the appropriate amount of time with you: | 1 2 3 4 (5) |
| Accurate diagnosis: | 1 2 3 4 (5) |
| Bedside Manner: | 1 2 3 4 (5) |
| Follow Up: | 1 2 3 4 (5) |
| Ease of scheduling an appointment for you: | 1 2 3 4 (5) |
| Overall office environment: | 1 2 3 4 (5) |
| Office staff friendliness and courtesy: | 1 2 3 4 (5) |

Tell us about a positive experience you've had with us or share how we might be able to make your visit with us better.

THANK YOU FOR GETTING ME BACK
ON MY FEET AFTER MY STROKE

If possible please put your initials here AGK