



Rose Medical Center campus • Physician Office Building II
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PATIENT SURVEY

To better serve you, we would very much like your feedback on the healthcare services you received from us. Please take a moment to fill out the confidential survey below. We appreciate all comments and suggestions.

1. How many times have you visited Denver Digestive Health Specialists?

- First time 2-5 times 6 or more times

2. How were you initially referred to us?

- Primary care physician Other physician specialist (OB/GYN, oncologist, internist, etc.) A friend or relative
 Directory (Yellow Pages, Insurance Provider Booklet) Other _____

3. Which doctor did you see today?

- Dr. Linkow Dr. Siegel Dr. Fishman Dr. Polson

4. Please circle your level of agreement with the following statements:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I was received in a timely manner by the DDHS reception staff	5	4	3	2	1
The reception staff was competent and knowledgeable	5	4	3	2	1
I was seen in a timely manner by the doctor	5	4	3	2	1
The doctor was competent and knowledgeable	5	4	3	2	1
The instructions I received regarding follow-up care were clear	5	4	3	2	1

5. Please rate the following:

	Excellent	Good	Satisfactory	Poor	Not Applicable
The availability and timeliness of appointment scheduling	5	4	3	2	1
Returned calls were made in a timely fashion	5	4	3	2	1
The overall friendliness and helpfulness of the DDHS staff	5	4	3	2	1
The staff was able to answer all of your insurance questions	5	4	3	2	1
Your overall DDHS experience	5	4	3	2	1

6. Would you recommend DDHS to others?

- Very likely Somewhat likely Not likely

7. Please provide any additional comments or suggestions:
