

# Cardiology Associates of Virginia

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We welcome your suggestions and impressions of our medical practice. You are invited to print and complete this form then return to us by mail, fax or in person at your next visit to Cardiology Associates. Please Attn. fax to *Practice Manager*.

Relative Weight =>	1	2	3	4	5	
Date Completed: _____	Highly Dissatisfied	Somewhat Dissatisfied	Neither Satisfied or Dissatisfied	Somewhat Satisfied	Highly Satisfied	No Response
Ease in Scheduling Appointment						
Welcome by Receptionist						
Check-in Process						
Appearance of the reception staff						
Office Staff's help with your insurance paperwork						
Waiting time in the lobby						
Literature/reading materials in lobby						
Adequacy of parking						
Cleanliness in surroundings						
Friendliness and helpfulness of nursing staff during your visit						
Availability of literature regarding your condition or illness						
Friendliness of the physician						
Physician's concern for you						
Physician's thoroughness						
Physician's answers to your questions						
Quality of information given by the clinical staff						
Friendliness/helpfulness of the nursing staff						
Financial policies, arrangements, or payment plans						
Check-out process is smooth and efficient						
<b>Overall, how satisfied or dissatisfied are you with our services?</b>						

Comments: \_\_\_\_\_  
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