



## Patient Satisfaction Form

Thank you for choosing us as your health care provider. Please take a moment to share with us your experience, recognize a staff member for their service or provide suggestions of how we can improve the services at GW Hospital.

<b>DATE:</b>			
<b>NAME:</b>		<b>UNIT or ROOM:</b>	
<b>DID WE EXCEED YOUR EXPECTATIONS?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Describe:</b>
<b>SUGGESTIONS FOR IMPROVEMENT:</b>			
<b>Would you like to be contacted?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>If yes, please provide a telephone number or email address below:</b>
<b>Telephone:</b>	<b>Email:</b>		
<ul style="list-style-type: none"><li>• If you complete this form while you are in the hospital, you may give it to <u>any staff person</u>.</li><li>• If you have already been discharged, you may submit your feedback via phone, fax, email or regular mail Phone: 202-715-4195 Fax: 202-715-4468 Email: <a href="mailto:patientadvocate@gwu-hospital.com">patientadvocate@gwu-hospital.com</a> or write to: Patient Advocate, c/o The George Washington University Hospital, 900 23<sup>rd</sup> St NW, Washington, DC 20037</li></ul>			
<b>Thank you for taking time to provide us with your feedback. The information on this form is considered CONFIDENTIAL and will be used for quality assurance and performance improvement</b>			