



Patient Feedback 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.

DATE:			
NAME:		UNIT or ROOM:	
DID WE EXCEED YOUR EXPECTATIONS?	Yes	No	
Describe:			
SUGGESTIONS FOR IMPROVEMENT:			
Would you like to be contacted?			If yes, please provide a telephone number or email address below:
Yes	No		
Telephone:	Email:		
<ul style="list-style-type: none"> • If you complete this form while you are in the hospital, you may give it to <u>any staff person</u>. • 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: patientadvocate@gwu-hospital.com or write to: Patient Advocate, c/o The George Washington University Hospital, 900 23rd St NW, Washington, DC 20037 			
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			