



# PATIENT EVALUATION FORM

We are continually striving to improve our services and would greatly appreciate your honest responses to the following questions:

Today's Date
Patient's Name
Mailing address
Email address
Telephone number/s

GUATEMALA MEDICAL TRAVEL
How and where did you hear about Guatemala Medical Travel?
Date of initial contact with GMT:
Which staff member/s did you communicate with?
Did the agent accurately prepare you for your travel and treatment?
Were you greeted with a complete welcome kit?
Were your appointments and activities confirmed in advance?
Date of first consultation:
Date/s of treatment/surgery:
Was your progress report complete and easy to understand?
Was your GMT statement of account accurate?
What recommendations do you have to improve the service?

ACCOMMODATIONS
How long did you stay in Guatemala?
Did you stay in a hotel, guest house, apartment, or Casa Muriel?
Was your room clean and comfortable?
Was it easy to walk or get transportation to town?

**ACCOMMODATIONS**

What did you like best about your accommodations?

What did you not like about it?

**ABOUT YOUR DOCTOR / S**

Who was your Doctor/Dentist/Surgeon?

Was the doctor's office situated in a convenient location?

Was the office clean, comfortable and attractive?

How were you treated by the doctor's office staff?

Were you seen within 15 minutes of your appointed time?

Did you have any problem understanding the doctor's English?

Did he explain the treatments thoroughly?

Describe the service given by doctor/dentist/surgeon.

**PRE-OP**

What tests/X rays/examinations did you have?

You were told in advance how to prepare for the exams?

**SURGERY - PROCEDURE**

Surgery Procedure:

Name of Clinic/Hospital(s) where you were treated?

What was the price?

What would you have paid back home?

Were you told in advance what to expect from the surgery/treatment?

Were you satisfied with the treatment you received?

What aftercare did you receive?

Was your follow-up satisfactory?

What service can be improved?

**PRESCRIPTION MEDICATIONS**

What medication were you prescribed?

Did your prescription medication work as expected?

Did you experience adverse effects from the medications?

What price did you pay for the medications?

How does this compare to the price you would pay back home?

**ACTIVITIES AND TOURS**

What tourist activities did you enjoy most?

What tourist activities would you recommend for others?

What were your favorite restaurants and why?

Did you buy handicrafts and souvenirs?

What stores impressed you the most?

Did you take cultural tours?

Did you visit art galleries?

How does tourism in Antigua compare to other destinations?

Please write a testimonial for the web-site.

Can we link to your web-site from our "links" page?

Do we have your permission to use your photograph on our web-site?

---

*signed*

---

*date*