

PATIENT EXPERIENCE SURVEY



DATE OF YOUR LAST VISIT: _____

TYPE OF LAST VISIT: Scheduled Appointment Walk-In Visit Telehealth Visit

AREA YOU LAST RECEIVED SERVICES:

Medical Pediatrics Ob/Gynecology Behavioral Health Alcohol/Substance Abuse
Lab Pharmacy Dental Dietary Physical Therapy Fitness Diabetes Support

Thinking about your most recent visit, please answer the following questions:

ACCESS TO CARE:

1. Were you able to get an appointment when you needed or wanted it?

Always Usually Sometimes Never

2. Are your calls answered and returned in a timely manner during and after clinic hours?

Always Usually Sometimes Never

COMMUNICATION AND CARE TEAM RELATIONSHIPS:

1. Did staff listen carefully to you, and include you in decision-making and goal setting? Yes No

2. Was staff respectful, caring and culturally sensitive? Yes No

3. Does your Care Team know important information about your health history? Yes No

4. Does your Care Team explain things in a way that's easy for you to understand? Yes No

COORDINATION OF CARE:

1. Does your Care Team address and coordinate all of your health care needs and concerns in a timely manner?

Always Usually Sometimes Never

2. If you needed additional health care services, were you given the information and assistance needed to make an appointment and coordinate your care?

Always Usually Sometimes Never

WHOLE PERSON CARE, SELF-MANAGEMENT SUPPORT AND COMPREHENSIVENESS OF CARE

1. Did you receive all the services and support you needed from your Care Team? Yes No

2. How would you rate your overall experience at your last visit? Excellent Good Poor

3. Would you refer your friends or family to the Gerald L. Ignace Indian Health Center? Yes No

(If no, why): _____

Comments or ideas for improvement: _____

TEXT MESSAGING CONCERNS OR COMPLAINTS:

If you wish to leave a confidential text message about a concern or complaint you have, please text the number: (414) 531-4128. An assigned individual will investigate your concerns and respond to your text within 1-2 days. Thank you for completing this survey!

PATIENT CENTERED MEDICAL HOME

