

CONFIDENTIAL

*As a valued member of our healthcare community, may we ask for a moment of your time? We'd like to hear how we're doing with regard to your care. At the same time we're interested in knowing if there are any services you'd like to see included in our practice.*

*Please complete the following questions. Giving us your name is entirely optional.*

*We appreciate your trusting us with this information and with your care.*

*Thank You.*

Your Name (optional): \_\_\_\_\_ To-day's Date: \_\_\_\_\_

Who is your Primary Provider here: \_\_\_\_\_

Which Provider did you see to-day: \_\_\_\_\_

**How would you rate the following:**

**1/poor 2/adequate 3/good 4/excellent**

**Business Team**

1. Appointment Availability
2. Reception staff phone etiquette (warm, polite, responsive)
3. Reception staff efficiency/support at time of visit
4. Reception staff billing and finance process
5. Wait time in reception area (Please circle)  
Less than 15 minutes / More than 15 minutes


**Medical Team**

1. welcome and comfortable YES NO Did our MA make you feel
2. reason for your visit YES NO Was our MA aware of the
3. medications with you YES NO Did our MA review your
4. Did your MA acknowledge your leaving and ask if you had questions YES NO
5. Was our MA's overall performance good/excellent? YES NO

**Providers**

1. Did your provider acknowledge the reason for your visit YES NO
2. Did your provider answer your questions YES NO
3. Did your provider clearly state the course of your treatment YES NO
4. Did your provider spend the time you expected with you YES NO
5. Were your healthcare expectations met? YES NO
6. Was your provider's overall performance good/excellent? YES NO

**Would you refer LOFP to your family and friends? YES NO**

Comments:

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Please let us know how you would consider the following if they were to be included in our practice:

**Enhanced Care -**

This approach to healthcare is ideal for patients who wish to have additional contact / services over and above those covered by their health plan. It is ideal for those with very busy schedules and/or those who travel extensively. For a minimal annual fee, usually between \$400-600 annually, patients may have physician contact by e-mail and phone. They are also guaranteed same/next day visits.

Would you find this option useful?

YES

NO

Are there other services within this option you would find helpful ?

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**Aesthetics -**

More and more, appearance is considered in our daily lives. We realize many of our patients are enjoying the benefits of Botox and other Injectables (Rejueviderm, etc). Others may want to seek these services but are hesitant to do so not knowing other providers in the way they know their family physician.

We are now considering offering these services to our patients. Our LOFP physicians would be providing these services as part of our practice.

Would you find this option useful?

YES

NO

Are there other services within this option you would find helpful ?

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COMMENTS:

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**Thank you again,  
Your LOFP Healthcare Team**