



OLEAN MEDICAL GROUP LLP

What is the name of the provider you are seeing today? _____

1. While at OMG, are you treated with respect? Yes No
2. Do you feel your provider listened to your problem that the appointment was booked for? Yes No
3. Does your provider educate you regarding your condition, the tests you may need and / or medications they want you to take? Yes No
4. Does the nursing staff assist you in a professional manner? Yes No
5. Are you able to be seen by your primary care provider in a timely manner when you are sick? Yes No
6. Were you given information / instruction from your provider / nursing staff to take care of yourself?
(Example=checking blood glucose, blood pressure, diet) Yes No NA
7. Were you satisfied with your visit today? Yes No
8. Cleanliness of building / environment Adequate Not Adequate
9. Do you think the electronic medical record has improved the quality of your care? Yes No
10. Are you interested in having the ability to access your health records electronically? Yes No
11. Do you routinely schedule preventive / well visits with your provider? Yes No
12. Do you like receiving the automated reminder phone calls for your appointments? Yes No
13. Would you like to receive reminder calls about your preventive care? (Mammograms, GYN Care, PSA's, Physicals)
 Yes No
14. Would you be interested in using the Internet to request appointments? Yes No
15. ZIP code: _____

Comments: _____

Optional:

Contact information IF you would like to be contacted regarding any concerns:

Patient name: _____ Phone #: _____