

# Patient Registration Survey

## 1. Introduction

The Wind River Service Unit (WRSU) is committed to improving the quality of patient care by being accredited as a Primary Care Medical Home (PCMH). PCMH means working with the bigger health care community to meet your medical needs. This patient care survey is one way to improve services. It allows us to see the bigger picture to your health service needs. Patient care begins with you. Please complete the survey based upon your last or immediate visit. It takes about 5 minutes to finish. Thank you for helping improve patient care.

Form Approved  
OMB Form No. 0917-0036  
Expiration Date:

### 1. What is your age (by years)?

- 18-25     26-33     34-41     42-49     50-57     58-65     Over 66

### 2. What is your gender?

- Female     Male

### 3. Rate your satisfaction with the change of hours to "8:00 a.m. to 5:30 p.m. (available at noon hour), Monday-Friday, at WRSU."

- 1-Very Unsatisfied     2-Unsatisfied     3-Neutral     4-Satisfied     5-Very Satisfied

### 4. I receive my health care services from (check all that apply):

- Fort Washakie Health Center     Arapahoe Health Center     Care mostly outside IHS

### 5. Today, I am completing this patient care survey form:

- at Fort Washakie Health Center     online  
 at Arapahoe Health Center     by mail  
 by telephone

### 6. What services are you receiving today?

- |   |  |
|---|--|
| <input type="checkbox"/> Behavioral Health                      | <input type="checkbox"/> Lab/X-Ray                 |
| <input type="checkbox"/> Clinic Health Care                     | <input type="checkbox"/> Optometry                 |
| <input type="checkbox"/> Community Health/Public Health Nursing | <input type="checkbox"/> Pharmacy                  |
| <input type="checkbox"/> Contract Health Services (CHS)         | <input type="checkbox"/> Physical Therapy          |
| <input type="checkbox"/> Dental                                 | <input type="checkbox"/> Other (please list here): |

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## 7. Please rate your satisfaction with the professionalism of patient scheduling staff.

- 1-Very  
unsatisfied
- 2-Unsatisfied
- 3-Neutral
- 4-Satisfied
- 5-Very Satisfied

2.

## 8. Please rate your satisfaction with the amount of time it took for patient registration to answer the phone.

- 1-Very  
Unsatisfied
- 2-Unsatisfied
- 3-Neutral
- 4-Satisfied
- 5-Very Satisfied

## 9. Please rate your satisfaction with the length of time to see a provider from the appointment time.

- 1-Very  
Unsatisfied
- 2-Unsatisfied
- 3-Neutral
- 4-Satisfied
- 5-Very Satisfied

## 10. I can schedule with my primary care provider (PCP) or care team.

- 1-Never
- 2-Rarely
- 3-Sometimes
- 4-Often
- 5-Always

## 11. Please rate your satisfaction with the length of time waiting for your appointment in the reception lobby.

- 1-Very  
Unsatisfied
- 2-Unsatisfied
- 3-Neutral
- 4-Satisfied
- 5-Very Satisfied

## 12. I am provided information on how to obtain medical care after-hours.

- 1-Never
- 2-Rarely
- 3-Sometimes
- 4-Often
- 5-Always

## 13. The patient scheduling staff keep me up to date on my appointment when delayed.

- 1-Never
- 2-Rarely
- 3-Sometimes
- 4-Often
- 5-Always

## 14. I can identify my provider or care team.

- 1-Strongly  
Disagree
- 2-Disagree
- 3-Neutral  
(neither agree or  
disagree)
- 4-Agree
- 5-Strongly Agree

## 15. My provider and/or care team explained things in a way that was easy to understand.

- Strongly  
Disagree
- Disagree
- Neutral (neither  
agree or disagree)
- Agree
- Strongly Agree

## Patient Registration Survey

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0917-0036. The time required to complete this information collection is estimated to average 5 minutes per response, including the time to review instructions, search existing data resources, gather data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., Suite 336E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer.