Coordinated Care 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.

Ple	ase complete ank you for he	the surve	y based upo	n your last						
OM	rm Approved IB Form No. (piration Date:		3							
1. V	Vhat is your	age (by y	ears)?							
0	18-25	26-33	© 34-41	O 42-	49	© 50-57	O 58	-65	Over	66
2. V	Vhat is your	gender?								
0	Female				O M	ale				
	Rate your sat on hour), Mo				ours t	o "8:00 a.m	. to 5:30	p.m. (av	/ailable a	ıt
	1-Very satisfied	○ 2-し	Insatisfied	C 3-Neut	ral	O 4-Sa	atisfied	O 5	i-Very Satis	fied
4. I	receive my l	health cai	e services f	rom (ched	ck all	that apply):	!			
0	Fort Washakie	Health Cent	er C Ar	apahoe Hea	Ith Cen	er	Care mo	ostly outs	ide IHS	
5. T	oday, I am c	ompletin	g this patie	nt care su	rvey f	orm:				
0	at Fort Washak	kie Health C	enter		O OI	nline				
0	at Arapahoe He	ealth Center			O by	/ mail				
0	by telephone									
6. V	Vhat service	es are you	receiving t	oday?						
	Behavioral Hea	ilth			□ La	ab/X-Ray				
	Clinic Health C	are				ptometry				
	Community He	alth/Public F	lealth Nursing		□Р	narmacy				
	Contract Health	n Services (0	CHS)		□Р	nysical Therap	у			
	Dental					ther (please lis	st here):			

'. Do you support Arapaho having a				•				
© Yes		O No		O Uns	ure		O Don'	t know
Coordinated Ca	are:	Your health	care	experiences	with	non-IHS cli	nic pr	ovider
3. The clinic coord			es wi	th the WRSU	depa	rtments/pro	grams	to assist in
C Very Unsatisfied	0	Unsatisfied	0	Neutral	0	Satisfied	0	Very Satisfied
). Rate your satisf	facti	ion with the	care fi	om outside s	ervic	es to which	you we	ere referred
☐ Very Unsatisfied		Unsatisfied		Neutral		Satisfied		Very Satisfied
0. Rate if service	s ar	e well coord	inated	from the clin	ic to	all my outsid	de prov	viders.
Very Unsatisfied	0	Unsatisfied	0	Neutral	0	Satisfied	0	Very Satisfied
1. In the last 12 in	mon	ths, how ma	ny tim	es have you	gone	to the emer	gency	room for you
○ None	0	1-3 times	0	4-6 times	0	7-9 times	0	10 or more time
Other (please explain).								
2. How satisfied	are	you with the	care	you received	today	y?		
C Very Unsatisfied	0	Unsatisfied	0	Neutral	0	Satisfied	0	Very Satisfied
3. Staff at WRSU	talk	to me about	the "t	team" idea th	at the	ey use with r	ny hea	lth care.
C 1-Never	0	2-Rarely	0	3-Sometimes	0	4-Often	0	5-Always
4. The provider a reatment, and ed			includ	le my family a	as ne	eded in patio	ent car	e decisions,
C 1-Never	0	2-Rarely	0	3-Sometimes	0	4-Often	0	5-Always
15. Staff discusse to me.	d m	y values, bel	iefs, a	nd traditions	whei	n they recom	mend	ed treatment
O Never	0	Rarely	0	Sometimes	0	Often	0	Always
				tful?				

Coordinated	I Care Survey			
16. When you	are ill how often do	o you use Native Am	erican Medicino	e?
O Never	Rarely	Sometimes	Often	C Always
	n do you use comple care, or other alterna	ementary alternative ative medicine?	health care e.g	., acupuncture,
- ○ Never	© Rarely	C Sometimes	○ Often	○ Always
18. Please pro	ovide any comment	s that can help us in	nprove services	s. Thank you.
19. Today's d	ate			
Date	MM DD YYYY			
including the time review the information for improving this	to review instructions, se ation collection. If you hav form, please write to: U.S	-	es, gather the data r he accuracy of the til Human Services, OS	needed, and complete and me estimate(s) or suggestions S/OCIO/PRA, 200