



**Associated Hispanic Physicians IPA**

**Member Satisfaction Survey with Primary Care Provider/ Personal Doctor 2018**

This is a short confidential survey. Your answers will help us to provide better service to you in the future.  
Thank you for you time and cooperation.

1. Name of your PCP: \_\_\_\_\_

2. In the last six months, did you get the help you needed from your PCP’s office to manage your care among these different providers and services?

- Yes                       No                       Sometimes

3. In the last six months, did your PCP talk to you about all the prescription medicines you were taking?

- Yes                       No                       Sometimes

4. In the last six months, when you visited your PCP for a scheduled appointment, did he or she have your medical records or other information about your care?

- Yes                       No                       Sometimes

5. Using any number from 0 to 10, where 0 is the worst health care from your PCP and 10 is the best health care from your PCP, what number would you use to rate your health care with your PCP in the last six months?

Circle number:            0            1            2            3            4            5            6            7            8            9            10

6. In the past 12 months, did you talk to your PCP about your level of exercise or physical activity?

- Yes                       No                       Sometimes

7. In the last 12 months, when your PCP ordered a blood test, X-ray other test for you, did a staff from your PCP’s office follow up to give you those results?

- Yes                       No                       Sometimes

8. Did your PCP give you information on how to prevent falls or treat problems with balance or walking?

- Yes                       No                       Sometimes

9. PCP is informed and up to date about the care you receive from specialists?

- Yes                       No                       Sometimes

10. Would you recommend your PCP or Associated Hispanic Physicians IPA or PCP to a friend or family member?

- Yes                       No

Please tell us your suggestions to improve our services.

Comments:

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Thank you. Your answers are much appreciated and will be kept confidential.

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Customer Service