PATIENT RATING FORM

My Doctor ……..		Yes	No	Can't tell
1	My doctor introduced him/herself to me			
2	My doctor respected my privacy			
3	My doctor was available when I needed him/her			
4	My doctor spoke with me and my family so we could understand what was going on			
5	I felt that my doctor listened to me			
6	I felt that my doctor took enough time with me			
7	My doctor gave me instructions on how to treat my problem by either telling me or giving me something in writing			
8.	Were you happy with the visit?			
9.	Would you refer other people to this doctor?			

Please, provide comments about any statement to which you answered "No":

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Please, provide comments about any statement to which you answered "No":

TARJETA DEL PACIENTE

Nombre del Doctor: ……..		**Si**	**No**	**No puedo contestar**
1	Se presento el doctor con usted?			
2	Piensa usted que el medico le respeto en su privacidad?			
3	Cuando ha necesitado ver al medico, el ha estado disponible?			
4	El doctor hablo con usted, (o su familia), de manera que pudieran entender lo que estaba pasando?			
5	El medico puso atención a lo que usted le decia?			
6	El medico le dedico el tiempo suficiente?			
7	Le dio instrucciones en como tratar su problema, verbalmente o por escrito?			
8	Su visita hoy fue agradable?			
9	Recomendaria este medico con otras personas?			
Por favor escriba algo acerca de las respuestas que usted contesto con un "No":				

TARJETA DEL PACIENTE

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