BEAUMONT MICHIGAN HEART GROUP-
TROY, NOVI & MACOMB

BEAUMONT MICHIGAN HEART RHYTHM GROUP

DAVID R. CRAGG,	M.D., F.A.C.C.
STEVEN L. ALMANY,	M.D., F.A.C.C.
STEVEN C. AJLUNI,	M.D., F.A.C.C.
WILLIAM H. DEVLIN,	M.D., F.A.C.C.
TERRY R. BOWERS,	M.D., F.A.C.C.
BRIAN D. WILLIAMSON,	M.D., F.A.C.C.
ILANA B. KUTINSKY,	D.O., F.A.C.C.
MICHAEL J. GALLAGHER,	M.D., F.A.C.C.
AKHIL GULATI,	M.D., F.A.C.C.
BRIAN M. RENARD	M.D, F.A.C.C.

1. How did you hear of Michigan Heart Group? **(Circle only one)**
   a. Beaumont Referral Center
   b. Family
   c. Friend
   d. Hospital Follow Up
   e. Primary care referral: _____
   f. Internet/Website
   g. Paper advertisement
   h. Not New Pt. (several yrs. since I've been seen)
   i. Specialist referral: _____
   j. Other: _____

2. Who is your primary care doctor?

   _____

3. Have you ever been to a Cardiologist before?
   a. Yes
   b. No

4. If yes, why did you change?
   a. Not New Pt. (several yrs. since I've been seen)
   b. Cardiology Referral
   c. PCP Referral
   d. Insurance
   e. Location
   f. Pediatric Transfer
   g. Physician Retired/Moved
   h. Personal Differences
   i. Second Opinion
   j. Wanted Beaumont Dr.
   k. Testing Only
   l. Several years since getting heart checked
   m. No Answer
   n. Other: _____

5. Did you receive an appointment with the timeframe you needed it?
   a. Yes
   b. No (please explain below)

6. How was the receptionist scheduling your appointment, did she treat you with courtesy and respect?
   a. Excellent
   b. Very Good
   c. Good
   d. Fair (please explain below)
   e. Poor (please explain below)

7. How long did you wait on the phone before a receptionist was able to help you when you initially called?
   a. 0-2 minutes
   b. 2-4 minutes
   c. 4-6 minutes
   d. 6-8 minutes
   e. 8-10 minutes
   f. 10+ minutes

COMMENTS: _____
_____
_____
_____
_____

Use back if needed

PATIENT SERVICES ONLY:

8. Did the patient take first available appointment offered?
   a. First option
   b. Second option
   c. Third option
   d. Fourth option
   e. Fifth+ option

Patient Services Representative: _____

Provider Being Seen: _____

Name: _____ D.O.B.: _____ Date of appointment: _____

Email: _____ Date appointment made: _____