

Telemedicine Evaluation Form (version 2.3)

TM Patient Evaluation Form-UofMn

Patient ID Number: _____

Date: _____

This section to be completed by medical staff personnel

Clinic Site (your location):

Specialty Requested: Derm Cardio Psych Ortho Endo Gastro Neuro Pulm Other

Type of Payer: Medicare Self-Pay Work-comp BCBS Medicaid Capitated Commercial

Patient's Status: #1 Inpatient Outpatient At Home Nursing Home

Patient's Status: #2 New Established Global

This section to be completed by Telemedicine patient or patient's guardian

Thank you for participating in our Telemedicine Clinic. The information you provide to us will better assist our program and its success, as well as, help us in identifying ways to improve the existing system.

1. How many hours did you &/or your family miss from work or school, including drive time, to be at the Telemedicine clinic? _____ How many hours would you &/or your family have missed if you had to go to the specialist's office _____?

2. Approximately how many miles did you travel to use the Telemedicine facility? _____

3. How satisfied are you with today's clinic? *(Questions 3-10 please circle the most appropriate answer)*

Highly Satisfied Satisfied Not Satisfied Highly Dissatisfied

4. Overall, how satisfied are you that today's medical clinic met your current healthcare needs?

Highly Satisfied Satisfied Not Satisfied Highly Dissatisfied

5. How did you feel during today's Telemedicine visit?

Very comfortable Relaxed Tense Very Uncomfortable

6. Would you use the Telemedicine system again? If no, feel free to comment on the back of this form

Yes Not Sure No

7. Would you have preferred to see the physician in person today?

Yes Not Sure No

8. If necessary, would you drive to the Twin Cities to see the physician you saw today in clinic?

Yes Not Sure No

9. How long would you be willing to wait for an appointment to see today's Telemedicine physician in person?

One Day One week One Month More than One Month

10. How satisfied are you with the nursing staff and their knowledge?

Highly Satisfied Satisfied Not Satisfied Highly Dissatisfied

Please feel free to make any additional comments on the reverse side of this form. The Fairview-University Telemedicine program is trying to expand to more areas within Minnesota to provide high quality health care and convenient access for all the communities we serve. Thank you for using our services today and we hope you had a most satisfying experience.

COMMENTS: _____

