



DFW Medical Home PLLC
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ANNUAL VISIT PATIENT SATISFACTION SURVEY

1. How would you rate the care you received from the provider?

0 1 2 3 4 5

2. Did the provider answered all your questions?

Yes No

3. Will you repeat this visit each year?

Yes No

4. Would you like to see the same provider next year for a Medicare annual wellness visit?

Yes No

5. Did this visit led you to make a change in my behavior to improve my health?

Yes No