72 hour patient follow up questionnaire

Patient's Name:

Type of product received:

Date product received: (mm/dd/yyyy)

Survey Conducted On: (mm/dd/yyyy)

Access, Delivery and Service ☐ Yes ☐ No ☐ N/A

Equipment/supplies were delivered in a timely manner. ☐ Yes ☐ No ☐ N/A

Equipment/supplies were ready for patient use upon delivery ☐ Yes ☐ No ☐ N/A

Read and understood instructions on proper application and use of equipment/supplies. ☐ Yes ☐ No ☐ N/A

Feel confident to operate/use equipment/supplies. ☐ Yes ☐ No ☐ N/A

Read info on my Rights & Responsibilities, complaint process, billing, contact numbers, and reasons. ☐ Yes ☐ No ☐ N/A

Response to my questions, problems, concerns were addressed in a timely manner. ☐ Yes ☐ No ☐ N/A

Satisfied with the equipment or supplies. ☐ Yes ☐ No ☐ N/A

Satisfied with the service. Would recommend to others. ☐ Yes ☐ No ☐ N/A

Status	improved	same	worse
pain	☐	☐	☐
stiffness	☐	☐	☐
swelling	☐	☐	☐
mobility	☐	☐	☐

Comments

Signature

Print and Mail/Fax to: GTH Complete Injury Care 200 E Arch St, Pottsville, Pa 17901 / Fax: 570-628-5080