

2014 Patient Experience Scripting

Check-Out

<After patient's follow up appointment is scheduled and patient is reminded of follow-up appointment and other>

Have you completed you patient experience survey?

YES

Please put your survey in the patient experience survey box. Your survey will remain anonymous unless you chose otherwise on your survey.

Thank you for filling out the survey, we use the results to make the patient experience better for all patients and team members at HealthPOiNT <clinic>.

Thank you for choosing us as your care team. We look forward to seeing you again on <next appointment date>, Mr./Mrs./Ms. <patient's last name>, have a good afternoon/morning!

NO

We would appreciate it if you could take a few minutes to complete the survey and put it in the patient experience survey box when you are done. Your survey will remain anonymous unless you chose otherwise on your survey.

If you would rather fill-out the survey at home, we have the survey on-line at our website healthpoint-tx.com. <hand out website address / survey address card>.

We use the survey results to make the patient experience better for all patients and team members at HealthPOiNT <clinic>.

Thank you for choosing us as your care team. We look forward to seeing you again on <next appointment date>, Mr./Mrs./Ms. <patient's last name>, have a good afternoon/morning!