



U.S. Department of Veterans Affairs

Veterans Health Administration
Michael E. DeBakey VA Medical Center

What would you like to achieve during today's visit with your provider?

Provider Name: _____

Date: _____

In order to help us meet your health care needs, let us know what you would like to get done during your visit today.

Below is a list to help you think about the things that matter most. Circle your top three concerns and give the card to your provider at the beginning of your appointment.

Circle 3

Medication Review	Imaging Appointment/Results
Changes/Updates to Medical History	Lab Results
Specialty Care/Follow-up	Upcoming Appointments
Stress (See scale below)	Other:

Current Stress Level

How are you doing today?

1

It's Terrible



2

I'm Unhappy



3

I'm mostly Dissatisfied



4

Mixed



5

I'm mostly Satisfied



6

I'm Pleased



7

I'm Delighted



Thank you for allowing us to serve you today. If you would like to be contacted regarding your visit, please leave your name and contact information.

Did your provider address your needs today? YES NO

Were you satisfied with your visit today? YES NO

