

FOX MILL FOOT AND ANKLE CENTER, PLC

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Reston, VA 20190

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Fax (703) 264-3983
www.footdoctorva.com

PATIENT EXIT QUESTIONNAIRE

Please take a few moments to answer the following questions. The answers are confidential and used for our continual effort of customer improvement. We welcome your comments.

PATIENT NAME: _____ **PATIENT OF:** _____
(OPTIONAL) (NAME OF DOCTOR)

REASON(S) FOR LEAVING

- 1. _____ **MOVING OUT OF THE AREA**
- 2. _____ **INSURANCE CHANGE** **New Insurance:** _____
- 3. _____ **CHANGE OF DOCTOR** **Name of Doctor:** _____

PLEASE EXPLAIN

- 4. _____ **DIFFICULTY SETTING APPOINTMENT** _____
- 5. _____ **BILLING ISSUES** _____
- 6. _____ **PHYSICIAN** _____
- 7. _____ **STAFF** _____
- 8. _____ **OTHER** _____

MAY WE CONTACT YOU TO DISCUSS THIS QUESTIONNAIRE? IF YES, PLEASE PROVIDE A DAYTIME NUMBER. THANK YOU.

PHONE NUMBER: _____

PLEASE RETURN PATIENT EXIT QUESTIONNAIRE TO:

CAROLINE RUBENSTEIN, OFFICE MANAGER
1860 TOWN CENTER DRIVE SUITE 220, RESTON, VA 20190
FAX NUMBER 703-264-3783