

Form 4a: Parent Evaluation- appointment with Pediatrician and Genetic Counselor

Instructions: Circle the answer that best indicates your agreement with each statement.

<i>Indicate how much you agree with each of the following statements or circle if it is not applicable</i>	Not applicable				
1. The information I received <u>before the visit</u> helped me understand what was going to happen.	N/A	Strongly Disagree	Disagree	Agree	Strongly Agree
2. Before we started, each person introduced themselves and described their role.	N/A	Strongly Disagree	Disagree	Agree	Strongly Agree
3. The pediatrician and genetic counselor listened and respected the information I provided.	N/A	Strongly Disagree	Disagree	Agree	Strongly Agree
4. The pediatrician and genetic counselor responded to all of my questions.	N/A	Strongly Disagree	Disagree	Agree	Strongly Agree
5. Privacy of information about my child and my family was protected.	N/A	Strongly Disagree	Disagree	Agree	Strongly Agree
6. I feel confident in the quality of the care provided today.	N/A	Strongly Disagree	Disagree	Agree	Strongly Agree
7. I feel confident in the recommendations from today's visit.	N/A	Strongly Disagree	Disagree	Agree	Strongly Agree

Assessment of Patient Satisfaction with KU Wichita Pediatric Subspecialty Clinic-Genetic Services

8. I would recommend the genetics clinic to other families.	N/A	Strongly Disagree	Disagree	Agree	Strongly Agree
9. Overall, I was satisfied with the visit today.	N/A	Strongly Disagree	Disagree	Agree	Strongly Agree

10. Was there anything that would have made this visit better? (ie: meeting space, temperature, parking, etc.)

11. Please provide us with any additional comments.

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Date of Visit: _____	Type of Visit*: _____	Linking Code: _____	Child's Age: _____	Genetic Condition: _____
# of Prior Visits by Telemedicine: _____ Visit Type: Follow-up: FU; Diagnostic Consult: DC				