

POST CONSULTATIVE EXAMINATION QUESTIONNAIRE

Name: _____ Date of Examination: _____

1. When did you arrive? _____ When did you leave? _____

2. Did the doctor introduce himself/herself? _____ Did he/she give you a business card? _____

3. Was this the first time you have ever seen this doctor? ___ Yes ___ No

3. How much time did the doctor spend with you? _____

4. Did the doctor have your medical records at the time of the exam? _____

5. Were x-rays done? _____ If yes, before [] or after [] the examination?

6. How was your medical history taken?

By the doctor? _____ Or you were given forms to complete? _____

7. What parts of your body did the doctor actually examine? _____

8. Was there a witness in the room? _____

9. What did the doctor examine? _____

10. What questions did the doctor ask? _____

9. Did the doctor act inappropriately? If so, explain. _____

10. Was the exam thorough and professional? _____ If not, please explain. _____

Other Comments: _____

Sign: _____

Date: _____