FEP Member Pre-visit Assessment

Name ________________________________________ Date: ___________________ MRN# _____________

1. In the last 12 months, how often was it easy to get the care, tests or treatment you needed?
   □ Always
   □ Most of the time
   □ Some of the time
   □ Never

2. In the last 12 months, how often did your personal doctor seem informed and up-to-date about the care you got from other doctors and health providers?
   □ Always
   □ Most of the time
   □ Some of the time
   □ Never

3. In the last 12 months, how often did you get an appointment to see a specialist as soon as you needed?
   □ Always
   □ Most of the time
   □ Some of the time
   □ Never

4. In the last 12 months, did you have an illness, injury or condition that needed care right away in a clinic, emergency room or doctor’s office?
   □ Yes
   □ No