

Dear Patient,

Date: _____

We want to improve your care, please take a moment to fill out these questions:

What do YOU want to talk about today?:



1. _____

2. _____

3. _____

**Provider
time IN:**

**Provider
time OUT:**



Have you been in the hospital overnight or the ER since the last time you were here?

YES _____ NO _____

Thank you,
Silver Ave. Family Health Center Team

MEA INITIAL:	START TIME:	STOP TIME: