
		Pocket Angiogram [®]	
Name Richard K. Health		Date Issued 01/03/2007	ID # 10000046
Address 1234 First St., Los Angeles, CA 95628			
Home Phone 805.456.6310		Emergency Phone 805.456.6330	Medical Insurance Medicare
Ejection Fraction 42%		Coronary Dominance Right	
Cardiologist Samuel G. Heart, M.D.		Phone 805.456.8711	
MEDICAL HISTORY			
Heart Attack: 11/1981, 7/1989. CABG: 11/1981 LIMA to LAD, 7/1989 SVG(1) to PDA, 7/1989 RIMA to OM-1. PTCA W/STENT: 9/1996 LAD Mid, 1/1997 RCA Mid. Valve Replacement: 6/1992 Mech Valve. Risk Factors: Hypertension, Diabetes. Allergies: Sulfa.			
		(608) 263-1530 uwhealth.org/heartandvascular	

Rickard K. Health
1234 First St.
Los Angeles, CA 95628

01/03/2007

Dear Mr. Health:

Enclosed is your Pocket Angiogram Card ordered during your recent visit to the UW Health Heart and Vascular Care Center. Please review all of the information on the card front and call 1-800-589-4949 if you have any corrections.

The purpose of this angiogram card is to provide an emergency physician with a baseline should you ever have a cardiac problem. It does not predict your chance for heart disease or heart attack. Please keep this card in your wallet and present it to your physician whenever needed. Should you have additional cardiac intervention or surgery in the future, this angiogram card will no longer be valid as a baseline, and a new card needs to be made. Please call UW Health Heart and Vascular Care at (608) 263-1530 to order a new Pocket Angiogram Card.

UW Health Heart and Vascular Care is proud to be a leader in providing you with advanced heart care. Thank you for allowing us to provide you with this health care service. Please visit our website at: uwhealth.org/heartandvascular for additional heart information or to learn more about the technologically advanced heart care offered throughout the region by UW Health Heart and Vascular Care.



Lynn Fischer, RN, MBA, FACCA
Director, UW Health Heart and Vascular Care

PATIENT SATISFACTION SURVEY

In order to continue providing you with the most efficient and comprehensive cardiac care available, please complete this survey and return it in the enclosed envelope. Cardiovascular Specialists Cath Lab will use this feedback to monitor and improve the quality of their service.

Directions

Please use a dark pen or pencil: Mark circles like this and mark only one.

Race or ethnic group:

- Black
 White
 Hispanic
 Asian
 Mixed
 Other

Is this your first experience with this doctor? Yes No

If you checked "No", how many years have you been a patient of this doctor?

- < 1
 1
 2
 3
 4
 5 or More

How did you choose this doctor?

- Primary Doctor
 Insurance Plan
 Another Patient
 Advertising (TV, Etc.)
 Emergency Room Doctor
 Friend
 Phone Book

How many minutes did the doctor spend with you reviewing the results of your cardiac procedure?

- < 10
 10 - 19
 20 - 29
 30 - 39
 40 - 49
 50 - 59
 > 60

How many minutes did you wait in the pre-procedure holding room?

- < 10
 10 - 19
 20 - 29
 30 - 39
 40 - 49
 50 - 59
 > 60

How many minutes did you spend reviewing the pre-procedure educational materials?

- < 10
 10 - 19
 20 - 29
 30 - 39
 40 - 49
 50 - 59
 > 60

Was the procedure done at the approximate time scheduled? Yes No

If "no", how long was the procedure delayed (hrs)?

- 1
 2
 3
 4
 5+

Using the scale provided, please rate the following items.

Excellent	Very Good	Good	Fair	Poor	Don't Know	Not Applicable
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How well was the procedure explained to you? -----

-

Were you kept comfortable during the procedure? -----

-



Using the scale provided, please rate the following items.

Excellent	Very Good	Good	Fair	Poor	Don't Know	Not Applicable
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How well were the post-cath instructions explained to you?

How pleased were you with the care during your recovery?

Cath lab staff treating me with care and respect. -----

Cath lab staff competency to treat me. -----

Overall evaluation of care received from the cath lab staff.

Doctor treating me with care and respect. -----

Doctor's competency to treat me. -----

Overall evaluation of care from this doctor. -----

Getting the care I need. -----

Being able to do the things I want to do. -----

How would I characterize my health? -----

Would you return to this doctor? ----- Yes No

Would you return to this facility? ----- Yes No

Would you recommend this doctor to a family member? ----- Yes No

Would you recommend this facility to a family member? ----- Yes No

Did you have any problems with parking or locating this facility? ----- Yes No

Does the Pocket Angio Card reassure you of this doctor's commitment to cardiac health? Yes No

Are you interested in free information on a heart healthy lifestyle? ----- Yes No

Comments:

