



PATIENT INFORMATION

Name:

Phone #:

MR#:

Date of Visit:

Diagnosis:

- Patient left without being seen (LWBS)
- Patient left against medical advice (LAMA)
- Patient LWBS and/or LAMA, did not want to provide feedback

1. Since the visit to the Emergency Department, have you made an appointment to be seen by a doctor?	<input type="checkbox"/> Y	<input type="checkbox"/> N
2. Are you still experiencing the symptoms that brought you to our hospital?	<input type="checkbox"/> Y	<input type="checkbox"/> N
3. Can you please explain why you left the hospital?		
Patient Comment(s):		
4. Is there anything we could have done differently to make your visit more comfortable?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Patient Comment(s)		
5. Would you consider utilizing our Emergency Department in the future?	<input type="checkbox"/> Y	<input type="checkbox"/> N

Source: Glendale (CA) Adventist Medical Center.

Online Supplement to Hospital Access Management / February 2013