

ER FOLLOW UP QUESTIONNAIRE

NAME: _____ DOB: _____

ER VISIT DATE: _____ ER VISIT TIME: _____ ER WAIT TIME: _____

ER FACILITY: _____

HAVE YOU BEEN SEEN IN OUR OFFICE SINCE THE ER VISIT? YES NO

REASON FOR THE VISIT

Fall MVA Chest Pain UTI Shortness of Breath Syncope/Dizzy/Fatigue

Abdominal Pain/GI/GU Other: _____

MODE OF TRANSPORTATION:

Personal Vehicle: Driver: Self Other Ambulance Other: _____

1. IS YOUR CHILD FEELING BETTER THAN WHEN YOU WENT TO THE ER? YES NO SAME

2. WAS YOUR CHILD PRESCRIBED ANY NEW MEDICATIONS? YES NO SAME

IF YES, WHAT IS IT? _____

3. HAVE YOU FILLED YOUR NEW PRESCRIPTION(S)? YES NO N/A **IF NO, WHY NOT (CHECK BELOW):**

WANTED TO TALK TO MY CHILD'S DOCTOR FIRST HAVE NOT HAD TIME YET MEDICATION IS TOO EXPENSIVE

I KNOW THIS MEDICATION DOES NOT WORK FOR MY CHILD

4. WHAT MADE YOU DECIDE TO GO TO THE ER INSTEAD OF CALLING THE CLINIC OR COMING IN FOR AN APPOINTMENT?

(CHECK ALL THAT APPLY)

NO ANSWER/LONG WAITS ON THE PHONE NO APPOINTMENTS AVAILABLE HAPPENED AFTER HOURS

DELAYED RESPONSE/CALL BACK- FROM WHOM: _____ HOW LONG: _____

I DID CALL THE CLINIC AND SPOKE WITH: _____ DIRECTED BY THE DOCTOR'S OFFICE

NOT AWARE THAT DOCTOR IS ON CALL 24/7 NOT AWARE TO CALL CLINIC PRIOR TO GOING TO ER

DIRECTED BY ANSWERING SERVICE DIRECTED BY FAMILY MEMBER/CAREGIVER SOMEONE ELSE CALLED 911

OTHER: _____

5. WAS YOUR CHILD ADMITTED (OVERNIGHT STAY) TO THE HOSPITAL FOR THIS PROBLEM? YES NO

6. WHAT INSTRUCTIONS WERE YOU GIVEN WHEN YOU LEFT? _____