

Telemedicine Services Evaluation



1. Is this the first time you have been seen by a health care provider via a telemedicine service?

- Yes
- No

Please complete the following:

2. If a telemedicine service was not available or not an option for my problem today, I would have:

- Driven to the practice to be seen in person.
- Driven to an urgent care or emergency center.
- Made an appointment for another day.
- Chosen to not have been seen and treated.

3. If I had been required to travel to see a health care provider, (check all that apply)

- I would have lost time at work.
- I would have incurred additional expenses. (Please specify) _____
- Other (Please specify) _____

4. I feel my health care provider was able to address my problem appropriately today.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

5. Overall, I am satisfied with my telemedicine encounter.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

General Comments/Suggestions:

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