

**Today's Women's Health Specialists  
604 W Warner Road Suite# E-201  
Chandler, AZ 85225**

**MEDICAL RECORD EXIT QUESTIONNAIRE**

Please take a few moments and answer the following questions. The answers are confidential and used for our continual effort of customer improvement. We welcome and appreciate your comments.

**PATIENT NAME:** \_\_\_\_\_ **PATIENT OF:** \_\_\_\_\_

**REASON(S) FOR LEAVING**

- 1. \_\_\_\_\_ **MOVING OUT OF THE AREA**
- 2. \_\_\_\_\_ **INSURANCE CHANGE**      **New Insurance:** \_\_\_\_\_
- 3. \_\_\_\_\_ **CHANGE TO PROVIDER (LOCAL) Name:** \_\_\_\_\_

**PLEASE EXPLAIN**

- 4. \_\_\_\_\_ **DIFFICULTY IN SETTING APPOINTMENT** \_\_\_\_\_
- 5. \_\_\_\_\_ **BILLING ISSUES** \_\_\_\_\_
- 6. \_\_\_\_\_ **PHYSICIAN** \_\_\_\_\_
- 7. \_\_\_\_\_ **STAFF** \_\_\_\_\_
- 8. \_\_\_\_\_ **OTHER** \_\_\_\_\_

May we contact you to discuss this questionnaire? If yes, please provide a day time phone number. Thank you.

**Phone Number:** \_\_\_\_\_

**Please return the Medical Record Exit Questionnaire only to:  
Practice Administrator 604 W Warner Road #E-201, Chandler, AZ 85225**