

Superior Multi-Specialty Medical Clinic
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NEW PATIENT REGISTRATION

DATE: _____
(Return to Administration)

Welcome to Superior Medical Clinic & Urgent Care. Please take a few minutes to assist us in determining how you found out about our clinic. **Your input is valuable, and greatly appreciated.** We hope to improve the services we provide to our patients as a result of your input.

✓ How did you find out about Superior Medical Clinic & Urgent Care? (Check Mark Please)

1. A friend, co-worker or family member recommended me _____
2. I was previously established with a UPC/HMG physician and I am now
3. returning to re-establish care: _____
4. The location was convenient: _____
5. Advertisements: _____
 - Yellow Pages advertisement
 - Internet advertisement
 - PostCards advertisement
 - Other: _____
7. My insurance provider manual: _____ Please say which insurance? _____
6. Health fair: _____ When? _____ Where? _____
7. Another physician: (please list) _____
8. Other: (please list) _____

Our goal is to provide excellent service to our citizens. Please provide the information below, and make the changes (or continue) with the services provided to the community.

Please check the appropriate box:

- Emergency situation Non-Emergency situation

PLEASE RATE THE SERVICE YOU RECEIVED BY CIRCLING THE APPROPRIATE LETTER.

5 = Excellent 4 = Good 3 = Adequate 2 = Poor 1 = Unsatisfactory

- | | | | | | |
|--|---|---|---|---|---|
| 1. How prompt was our response? | 5 | 4 | 3 | 2 | 1 |
| 2. How were you treated by the clinic's Personnel? | 5 | 4 | 3 | 2 | 1 |
| 3. How knowledgeable and competent was our staff? | 5 | 4 | 3 | 2 | 1 |
| 4. Were you kept informed of what was happening? | 5 | 4 | 3 | 2 | 1 |
| 5. Overall, how would you rate our service? | 5 | 4 | 3 | 2 | 1 |
| 6. If you call prior to coming to the clinic. How courteous and helpful was the operator ? | 5 | 4 | 3 | 2 | 1 |

If any members of our staff were especially helpful, please let us know who and how they were helpful. We want to show them our appreciation.

Employee(s) Name: _____

If you have an e-mail address, we would like to be able to contact for one or more of the following reasons. If you agree to this, please provide your preferred E-mail address:

(full name)

(email address)

- *Appointment reminders *General healthcare reminders
*Lab Reminders *Health Care Offers at this location
(e.g. time for your annual examination,
vaccination reminders for children, etc.)

**Please note that Superior Medical Clinic & Urgent Care does not sell or distribute patient information to anyone, including email, without the express consent of the patient.*