



HTC Primary Care Team Survey - Patients



We are currently transitioning to a different care model at the University of Colorado Hemophilia and Thrombosis Center in order to improve the communication and continuity of care for our bleeding disorder patients.

Patients will be assigned a HTC primary care team and in some cases may have multiple members on their primary care team.

As we move towards this new care model, we would like to ensure that our changes are having a positive effect. Please answer the following questions honestly, your results are anonymous unless you decide to report your identifying information for follow-up.

Thank you for your time to improve the care of our patients here at the University of Colorado Hemophilia and Thrombosis Center.

1. What is the patient's age? (enter 0 if less than 1 year old)

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2. Do you know who your primary team is?

☐ Yes ☐ No

3. Were you scheduled with your primary team and were they available to see you?

☐ Yes ☐ No ☐ Not Applicable ☐ I don't know

4. Are you able to contact your primary team when you have specific issues or concerns?

☐ Yes ☐ No ☐ Not Applicable ☐ I don't know

Optional:

Patient Last Name: (UPPER CASE LETTERS PLEASE)

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Clinic Visit Date (mm/dd/yy):

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Comments:

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Office Use Only:

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