Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

1. In general, how would you rate your overall health?



1. How likely are you to recommend the health center to your family or friends?

[ ]  Always

[ ]  Often

[ ]  Sometimes

[ ]  Rarely

[ ]  Never

1. How would you rate the care you receive at virtual visits with your provider as compared to in-person visits in the health center with your provider?

[ ]  Far Better

[ ]  Better

[ ]  Same

[ ]  Worse

[ ]  Much Worse