



MICs Health Link

Let's Make Healthy Change Happen

Please assist/instruct Patient/Family to complete this survey at the first follow-up visit to/by the Primary Care Provider or Care Coordinator after the Coordinated Care Conference has been held and then again approximately 6 months later.

Patient Survey

	Strongly Disagree		Strongly Agree			N/A
I feel I am involved in decisions about my care.	1	2	3	4	5	N/A
I feel my care has overall improved.	1	2	3	4	5	N/A
I know more about which Health Professionals are involved in my care.	1	2	3	4	5	N/A
I know what to expect when I see a health or social care worker.	1	2	3	4	5	N/A
I need to do less work to organize my care (e.g. chasing people to organize appointments).	1	2	3	4	5	N/A
I feel I am able to get access to the care I need with no struggle.	1	2	3	4	5	N/A
I have had to explain my medical history less often to the health professionals that I see.	1	2	3	4	5	N/A
I have a copy of my care plan.	1	2	3	4	5	N/A
I understand how my care plan works.	1	2	3	4	5	N/A
I was involved in planning my care in the way I wanted to be.	1	2	3	4	5	N/A
I know who to contact first if I need help with my health care.	1	2	3	4	5	N/A
I was offered services in the language of my choice.	1	2	3	4	5	N/A