

KATY INTERNAL MEDICINE ASSOCIATES, L.L.P.

ROGER E. CAMPANA, M.D., P.A.
M. JOHN CHUNG, M.D., P.A.
V. KALAPATAPU, M.D., P.A.
MUKESH N. MEHTA, M.D., P.A.
DAVID W. REININGER, M.D., P.A.
RAMON A. SOLIS, JR. M.D., P.A.
VENESSA C. TAN, M.D., P.A.



1331 W. Grand Parkway N.
Suite 230
Katy, Texas 77493

Phone: 281-392-8620
Fax: 281-392-2258
www.kimatx.com

1. Is this the first time you have been seen by a health care provider via a telemedicine service?

☐ Yes ☐ No

Please complete the following:

2. If a telemedicine service was not available or not an option for my problem today, I would have:

- ☐ Driven to the practice to be seen in person.
- ☐ Driven to an urgent care or emergency center.
- ☐ Made an appointment for another day.
- ☐ Chosen to not have been seen and treated.

3. If I had been required to travel to see a health care provider, (check all that apply)

- ☐ I would have lost time at work.
- ☐ I would have incurred additional expenses. (Please specify) _____
- ☐ Other (Please specify) _____

4. I feel my health care provider was able to address my problem appropriately today.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

5. Overall, I am satisfied with my telemedicine encounter.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

General Comments/Suggestions:
