

SURVEY OF PATIENT INTERNET/E-MAIL CAPABILITY AND INTEREST

Do you have access to the Internet at your home or place of residence?

- Yes No Not sure

Do you have an e-mail account?

- Yes No Not sure

Do you have access to the Internet through a friend or relative?

- Yes No Not sure

Do you use a friend or relative's e-mail account?

- Yes No Not sure

Do you use a public facility (such as the public library) for Internet access?

- Yes No Not sure

If we could provide medical information to you via e-mail or the Internet, would you be interested?

- Yes No Not sure

Please indicate the services that interest you (check all that apply):

- Receiving laboratory and X-ray results by e-mail
- Scheduling appointments online
- Receiving appointment reminders by e-mail
- Managing medication refills by e-mail
- Receiving e-mail reminders to pick up prescriptions
- Receiving answers to brief medical questions by e-mail
- Accessing copies of your personal medical record online
- Accessing information about our office via a practice Web site
- Receiving a health newsletter or health tips by e-mail

Other (please write in your suggestion or comment):

Family Practice Management[®]

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