附件2：

**金凤区医疗机构家庭医生签约服务电话回访情况记录表**

被考核单位： 考核时间： 年 月 日

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **姓名** | **电话** | **签约时间** | **自愿签约****（是、否）** | **签约服务内容知晓情况（是、否）** | **签约患者满意度情况** | **签约患者用药需求满意度情况** | **存在的问题** |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |