

Applicant Survey

We would like to hear from you. Our success depends greatly on the interactions we have with you, the applicant. Please take a moment to complete the survey below to let us know how we are measuring up!

Name: _____ Date of Health Assessment: _____

Insurance Company: _____ Email: _____

1. Was your appointment scheduled at a convenient time and location? YES NO
2. Was your paramedical assessor on time for thee appointment? YES NO
3. Was your appointment performed at one of our locations? YES NO
4. Was the assessor courteous and professional? YES NO
5. Did the assessor weigh and measure you? YES NO
6. Were there any complications with your blood draw? YES NO

a. If Yes, please describe: _____

7. Was the customer service representative who scheduled your appointment or provided you with the assessor contact information helpful and informative? YES NO
8. Please provide any additional feedback we can use to improve our services.

Please return via [email](#) or fax to 501.663.7240



In Arkansas: 1100 N University Ave, Suite 133; Little Rock, AR 72207
In Louisiana: 1953 E 70th St, Suite 2; Shreveport, LA 71105