

**Practice ABCD
Cycle Time Study**

- Patient
- Billing System
- Sign-in Sheet
- Medical Assistant/Front (Check-out time)

Day of Week (M/T/W/Th/F):

Name of Physician/NP: _____

Appointment Time:

Parking: Please tell us how much time it took you to get to our office from the time you arrived at our practice? minutes

Valet? - or - Self-Park?

If you arrived more than 30 minutes prior to your appointment, why?

Appointment Type (please check)

No-show Walk-in

New Patient Follow-Up Procedure Post-Op

Planned?

Unplanned?

Sign-in Time: a.m./p.m. (please circle)

Arrival Time: a.m./p.m. (please circle)

Were you referred to talk to a "Financial Counselor"? If so, when were you told that you had to meet with this individual?

When did your meeting start?

When did your meeting end?

When did you arrive back at the practice?

What time did you pick up this patient's chart?

If you were not able to proceed with the appointment, why?

Physician is not present

Physician is in a procedure

Physician is running late

No exam rooms are available

Other (please describe)

Time I was called into the clinic by the Medical Assistant:

Time I arrived into an exam room:

Time that the Medical Assistant left the room:

Time that the physician came into the exam room:

Time that the physician left the exam room:

What type of appointment are you here for?

New Patient

I met with the test scheduler at:

I met with the surgery scheduler at:

I checked out at:

Follow-Up

I met with the test scheduler at:

I met with the surgery scheduler at:

I checked out at:

Procedure

My procedure started at:

My procedure ended at:

I checked out at:

Post-Op

I checked out at:

Check-Out Time:

Check-Out Time: