REFERRING PHYSICIAN SATISFACTION SURVEY

Name:
Specialty:

For each item identified below, circle the number
to the right that best fits your judgment of its quality.
Use the scale above to select the quality number.

Description/Identification of Survey Item	**Scale**				
	Poor		**Good**		**Excellent**
1. The ease of which appointments are made.	1	2	3	4	5
2. Courtesy and helpfulness of our staff.	1	2	3	4	5
3. Results, consults, diagnostic procedures and/or hospital procedures are communicated to you in a timely manner.	1	2	3	4	5
4. Ability and helpfulness of our physicians.	1	2	3	4	5
5. Your patients overall satisfaction with our services.	1	2	3	4	5
6. Referred patients are seen timely.	1	2	3	4	5
7. Appropriate levels of care and follow-up are provided.	1	2	3	4	5
8. Accessibility of our physicians by phone or answering service.	1	2	3	4	5
9. Level of satisfaction of your referrals to our practice.	1	2	3	4	5
10. Overall, how would you rate our service on experience.	1	2	3	4	5
11. Overall, how would you rate our service on your patients input.	1	2	3	4	5
12. Would you recommend us to family or friends?	1	2	3	4	5