



**REFERRAL SATISFACTION SURVEY FOR PHYSICIANS**

Please grade our performance on the following scale:

	<b>Excellent</b>	<b>Good</b>	<b>Acceptable</b>	<b>Poor</b>	<b>N/A</b>
1. Do our physicians respond timely to your hospital consults?					
2. Do you feel we get your patient in for an office consult in a timely manner?					
3. Do you feel we get your patient in for a procedure in a timely manner?					
4. What is your patient's feedback to you on the overall care they received from us during their appointment?					
A. Facilities and parking					
B. Friendliness of staff					
5. How easy is it for you to get in touch with one of our physicians to discuss patient care, procedures, and/or follow-up ?					
6. Do you feel you receive consult reports and/or procedure reports after your patients' appointments in a timely fashion?					
7. What is your feeling on the content of the consult and/or procedure reports you receive?					
8. How friendly and helpful is our staff who answer the telephone when you call to speak to a physician?					
9. What is your opinion on the quality of care you believe your patients receive from our practice?					

We have instituted a GI hospitalist service whereby one of our physicians is at the hospital during the week to take all consults sent to our group – are you satisfied with the care your patients receive from our hospital consultant service?

**Yes    No**

**Comments:** \_\_\_\_\_

Overall, have you been satisfied with the level of service your patients have received ? **Yes    No**

Do you have any suggestions for improvements to our service? \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name: \_\_\_\_\_ Contact Info: \_\_\_\_\_

**Please fax completed survey to Attn: Steve Peterson @ (910) 362-1012**