

Inspire - Tertiary Partners Satisfaction Survey For Primary Care Physicians and ER Physicians

1. Name and Email of referring physician

Name and Email

Last Name and First Name

Email

2. Tertiary Partner Name and Tertiary Physician Name

Name

Tertiary Partner Name

Tertiary Physician Name

3. Referral Type

Emergency

Specialist (please specify)

Follow-up

Other (please specify)

Referral Type

Specialist (please specify)

Other (please specify)

4. Communication with Tertiary Partner

Thinking about your interaction with the Tertiary staff when referring your patient there, how satisfied were you with each item listed below?

	Excellent	Very Good	Good	Fair	Poor	Does Not Apply
Responsiveness of staff	<input type="radio"/>					
Courtesy of staff	<input type="radio"/>					
Professionalism of physician	<input type="radio"/>					
Professionalism of staff	<input type="radio"/>					

5. Thinking about the process that you followed when referring to the tertiary partner, how satisfied were you with each item listed below?

	Excellent	Very Good	Good	Fair	Poor	Does Not Apply
Ease of reaching a qualified knowledgeable person to initiate referral process	<input type="radio"/>					
Ease of getting your patient accepted	<input type="radio"/>					
Length of time your patient had to wait for the next available appointment	<input type="radio"/>					
Overall efficiency of the referral process	<input type="radio"/>					

6. How would you describe the responsiveness and communication back to you regarding the condition of the patient?

	Excellent	Very Good	Good	Fair	Poor	Does Not Apply
Response time in getting back to you when you call	<input type="radio"/>					
Response time in providing patient follow-up with written consults	<input type="radio"/>					
Responsiveness and communication back to you regarding the condition of the patient	<input type="radio"/>					

7. Likelihood to Refer

	5	4	3	2	1
On a scale of 1 to 5, with 5 being the highest possible score and 1 being the lowest, what is the likelihood of you referring the hospital?	<input type="radio"/>				

8. Please provide any additional feedback that you would like to share from either your experience or your patient's experience working with us.