

Patient Feedback Form v1

Patient review of Dr.

Date

Physician Specialty - Please select one: Psychiatry Neurology Child Neurology

PERFORMANCE RATINGS

The following guidelines are to be used in selecting the appropriate rating:

Please select a performance rating for your doctor for each of the following statements:

Yes, definitely Yes, somewhat No

1) Physician listens carefully to your symptoms.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) Physician understands and asks questions regarding your health history.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) Physician explains tests that he/she ordered.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) Physician discusses treatment options with you, including the expected course of treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5) Physician explains drugs and other treatments (for example, psychotherapy), their expected effects, and possible side effects.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6) Physician discusses the treatment costs, insurance, and payment options with you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7) Physician encourages you to ask questions about your diagnosis and treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8) Physician answers questions to your satisfaction.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9) Physician gives you advice on what to do if symptoms persist or worsen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10) Physician refers you to another specialist when necessary.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11) Physician tells you when to schedule a return visit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12) Did this doctor show respect for what you had to say?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13) Did this doctor spend enough time with you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please Return Completed Form To Physician For His/Her Confidential Records - Do Not Send to the ABPN