

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:

1 2 3 4 5 6
Never Rarely Occasionally Frequently Always Not Applicable

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

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