

**University Pediatrics
Questionnaire for Referring Physicians
June 2011**

Please check the division:

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Hem/Onc | <input type="checkbox"/> Neurology |
| <input type="checkbox"/> Dev Peds | <input type="checkbox"/> Infectious Disease | <input type="checkbox"/> Pulmonology |
| <input type="checkbox"/> Endocrinology | <input type="checkbox"/> Nephrology | <input type="checkbox"/> Rheumatology |

	Completely Agree	Agree	Disagree	Completely Disagree	
Consultations/Referrals					
Timeliness:					
patient seen in time frame you feel appropriate	1	2	3	4	
Responsiveness/Communication					
Availability:					
able to talk to physician in a timely manner if needed	1	2	3	4	
Patient Care:					
clinically competent	1	2	3	4	
consultation provides assistance sought	1	2	3	4	
Physician Professionalism:					
was respectful and responsive	1	2	3	4	
reported by families and staff to be empathetic and respectful	1	2	3	4	
established professional relationship with you and your staff	1	2	3	4	
Staff Professionalism:					
conducted themselves in a courteous manner	1	2	3	4	
demonstrated responsiveness to requests	1	2	3	4	
communicated clearly	1	2	3	4	
Preference for Referrals					
	Send no referrals	Use only if there is no other choice	Let patient decide	Refer most patients	Recommend and prefer
<i>If you circled 1 or 2, please comment.</i>	1	2	3	4	5

Comments: Please recommend changes that would serve you better in addition to things we do well for your patient. You may also comment on specific members within the division.