



Referral survey

Thank you for your confidence in me. I appreciate the patient referrals you continue to send. So that we can continue to meet the needs of our referring physicians, please complete the following survey about how you experienced our practice service and communication.

Please rate, on a scale of 1-5 (with 5 being best), your experience with the following. (Circle one.)

1. Patients can schedule an appointment with Dr. Hoffman within 72 hours.
1 2 3 4 5
2. I can easily reach Dr. Hoffman on the telephone when I need to discuss a patient.
1 2 3 4 5
3. My patients seem to have a good overall experience with Dr. Hoffman
1 2 3 4 5
4. I receive Dr. Hoffman's consultation report in a timely manner.
1 2 3 4 5
5. Is there anything else we could do to make referring patients to our office easy and effective?

How do you prefer to be contacted about your patients? (Circle one.)

Telephone Fax Email Cell Phone
 Pager Regular mail

Would you appreciate periodic journal articles or emails about the latest treatments and procedures in Otolaryngology (Circle one.)

Yes No

My email address: _____

Name: _____