



REFERRING PHYSICIAN SURVEY

- Name of Facility: [ ] Baywood X-ray and Ultrasound (Ajax clinic)
[ ] Bowmanville X-ray and Ultrasound (Bowmanville clinic)

Please answer the following questions regarding your experience with the above facility by filling in the blank or circling the number that best describes your answer.

- 1. How long have you referred patients to this facility? \_\_\_ years or \_\_\_ months
2. How satisfied are you with how long it generally takes? (Please base your answers on contact with the facility in the past 6 months)

Table with 6 columns: Category, Very Dissatisfied, Dissatisfied, Neutral, Satisfied, Very Satisfied. Rows include: Time to get an appointment for patient, Time to obtain written results, Time to get an oral report.

- 3. How often do you speak to a physician at the IHP regarding the patient's clinical condition before your patient receives a diagnostic work-up?

\_\_\_ Never \_\_\_ Rarely \_\_\_ Occasionally \_\_\_ Sometimes \_\_\_ Often \_\_\_ Almost Always

- 4. Approximately how many patients have you referred to this facility in the past 6 months? \_\_\_\_\_

- 5. Do you refer your patients to more than one facility of this type?

- a. No (If circled, please skip to Q7) b. Yes

- 6. What are the reasons you refer patients to this particular facility? (Please circle all that apply)

- a. Nearer patients' home e. Is able to quickly see patients when feedback is urgently required
b. Has specialized equipment needed for test requested f. Has convenient hours of operation
c. Turnaround time to receive the results is shortest g. Quality of the services provided
d. Has staff that speak other languages, and thus can better understand my patients h. Other, please describe

**7. What are the reasons you refer patients only to this facility?** (Please circle all that apply)

- a. Only facility of its type in this community
- b. Our group has a service contract with this facility
- c. Facility is located near this practice and is this convenient for patients
- d. Nearer patients' home
- e. Has specialized equipment needed for test requested
- f. Turnaround time to receive the results is shortest
- g. Has staff that speak other languages, and thus can better understand my patients
- h. Is able to quickly see patients when feedback is urgently required
- i. Has convenient hours of operation
- j. Quality of the services provided
- k. Other, please describe

**8. Have you been dissatisfied with a consult you received from this facility in the past 6 months?**

- a. No
- b. Yes (Please explain)

**9. Please rate each item by circling the number that best describes your experience with the ICHSC based on your contacts in the last 6 months.**

	Never	Seldom	Sometimes	Frequently	Usually
The waiting period for a test to be done is long	1	2	3	4	5
Requests for consultation are handled promptly	1	2	3	4	5
The facility accommodates patients when the test is urgently required	1	2	3	4	5
The interpreting physician is available to you for consultation	1	2	3	4	5
This facility meets the needs of my patients who language is other than English or French	1	2	3	4	5
The recommendations received are useful in patient management	1	2	3	4	5
The recommendations are clearly stated	1	2	3	4	5
The reports are too wordy	1	2	3	4	5
Reports of results are sent out in a timely fashion	1	2	3	4	5
The consulting physician orders tests in addition to those you requested	1	2	3	4	5
When tests are added the resulting recommendation important to patient care	1	2	3	4	5
The interpreting physician's findings are generally consistent with your clinical findings	1	2	3	4	5

**10. Overall, how satisfied are you with the contacts you have had with this facility in the past 6 months?**

\_\_\_Very dissatisfied\_\_\_Dissatisfied\_\_\_Neutral\_\_\_Satisfied\_\_\_Very Satisfied

Thank you for participating in this survey!