



PHYSICIAN SURVEY

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Please circle the facility that you primarily refer to: **KW** **Paris** **Owen Sound**

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

1. How long have you referred patients to this facility? _____Years OR _____months

Please base your next answers on your contact with the facility in the past 3 years.

2. Please rate each item by circling the number that best describes your opinion. How satisfied are you with how long it generally takes:

	Not Applicable	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
To schedule a study for a patient at this facility		5	4	3	2	1
To schedule a consultation for a patient at this facility		5	4	3	2	1
To obtain written results (ie. consultation) from this facility once your patient is seen?		5	4	3	2	1
To obtain an oral report from this facility when it is required because of an urgent or emergency situation, once your patient is seen?		5	4	3	2	1

Comments: _____

3. Do you refer your patients to more than one facility of this type? Yes No

If yes, what are the reasons you refer patients to other facilities? (Please circle all that apply.)

- Closest to patient's homes
- Has specialized equipment needed for tests requested
- Turnaround time to receive the results is the shortest
- Is able to quickly see patients when feedback is urgently required
- Has convenient hours of operation
- Quality of the services provided
- Other, please describe _____

4. Please rate each item by circling the number that best describes your experience with our facility.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Sleep studies are booked with my patients in a timely fashion.	5	4	3	2	1
Patients are seen in consultation by a sleep specialist in timely fashion.	5	4	3	2	1
The facility accommodates patients when the test is urgently required.	5	4	3	2	1
The interpreting physician is available to you for consultation.	5	4	3	2	1
Report interpretations and recommendations are clearly outlined.	5	4	3	2	1

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Table with 6 columns: Statement, 5, 4, 3, 2, 1. Rows include satisfaction with reports, timeliness, testing, recommendations, and consistency of findings.

5. Have you been dissatisfied with a report/consult you received from this facility in the past 12 months? []Yes []No

If YES, please explain: _____

6. How would you like to send referrals to us? []Fax []EMR

If by fax, would you benefit from a referral pad? []Yes []No

7. Do you use EMR? []Yes []No

Which program do you use? _____

Does our referral form work in your EMR program? []Yes []No

Would you like us to customize it for your EMR program? []Yes []No

If yes, who should we contact? _____

8. Do you have access to Ontario Telemedicine Network (OTN) equipment? []Yes []No

Would you be interested in having your patients seen in consultation through OTN? []Yes []No

If yes, who should we contact? _____

9. Rank, in order of importance, the top 5 reasons why you refer to specific facilities:

- 1. _____ 2. _____
2. _____ 4. _____
5. _____

10. What is the best way to communicate updates, educational materials etc. []Fax []Email []Mail

11. Are there specific topics regarding sleep that you would like to receive more information on? _____

12. What are the best days of the week and times of the day for you for CME events? _____

13. Is there anything that we could do to help serve you better? _____

Evaluating physician's name (optional): _____

Thank you for participating in this survey. Please kindly return by faxing to 519-745-7174 or mail to 180 King Street South, Suite 295 Waterloo, ON N2J 1P8

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