



SOUTHERN
JOINT
REPLACEMENT
INSTITUTE

Referring Physician Survey

Instructions: As a valued referring physician to our group, you are invited to help us improve our service to you and your patients. Your candid and honest response is appreciated. You may return the completed survey by fax to (615) 329-4469.

Michael J. Christie, M.D.
David K. DeBoer, M. D.
J. Craig Morrison, M.D.
Jeffrey T. Hodrick, M.D.

1) Describe the factors that determine your decision and/or willingness to consult and/or refer to our practice.

- A. _____
- B. _____
- C. _____

2) Rate your level of overall satisfaction with timeliness/access of our services.

- Totally satisfied
- Generally satisfied
- Marginally satisfied
- Dissatisfied

3) Rate your level of overall satisfaction with the medical care and advice we provide.

- Totally satisfied
- Generally satisfied
- Marginally satisfied
- Dissatisfied

4) Rate your level of overall satisfaction with the timeliness of our communications with you.

- Totally satisfied
- Generally satisfied
- Marginally satisfied
- Dissatisfied

5) What type of feedback have you received from your patients regarding access to our services and the care they received?

- _____ % Totally satisfied
- _____ % Generally satisfied
- _____ % Marginally satisfied
- _____ % Dissatisfied

6) Describe what we can do to improve.

- A. _____
- B. _____
- C. _____

7) Comments:

Respondent (Optional)

Group (Optional)