

Provider Satisfaction Survey

Date of Consultation:_____

Appointment Time:_____

Reason for Consultation:_____

How would you rate the telehealth consultation on the factors listed below:

(Please circle your selection for each question.)

	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Dissatisfied		
1. Clinical skills of UC Davis Health clinician.	1	2	3	4	5		
2. Overall telehealth consult experience.	1	2	3	4	5		
3. Ability to present the case (patient) through telehealth.	1	2	3	4	5		
4. Did the telehealth consultation result in changes or addition of patient management?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
5. Did the telehealth consultation result in additional diagnostic studies?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
6. Did the telehealth consultation facilitate peer-to-peer education?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
7. In your opinion, how important was it that this patient receive a telehealth consultation?							
	1-Not Important	2	3	4	5	6	7-Very Important
8. Rank the degree to which the telehealth consultation assisted in the medical management of this patient?							
	1-Not At All	2	3	4	5	6	7-Significantly

Do you have any suggestions or comments?:
