

# 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.)

	<i>Very Dissatisfied</i>	<i>Dissatisfied</i>	<i>Neutral</i>	<i>Satisfied</i>	<i>Very Dissatisfied</i>		
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 telhealth consultation result in changes or additio 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?							
	<i>1-Not Important</i>	2	3	4	5	6	<i>7-Very Important</i>
8. Please rank the degree to which the telehealth consultation assited in the medical management of this patient?							
	<i>1-Not At All</i>	2	3	4	5	6	<i>7-Significantly</i>

Do you have any suggestions or comments?:

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