Performance Evaluation – By the Client

As a client contracted with MD Staff Pointe, we value your opinion and your satisfaction is always our top priority. In order to improve services being rendered to you and ensure your satisfaction with our physicians, we ask that you take a few moments to complete the following evaluation and provide us with any feedback you have regarding our physicians and the services provided by MD Staff Pointe. Please rate each question and provide additional comments where necessary.

Client Name: 
Representative Name: 
Physician Under Review: 
Assignment Start Date: 
Assignment End Date: 

1. Ranking of medical care provided by physician:  
   - Excellent  
   - Good  
   - Average  
   - Poor  
   - N/A  
   Comments:  

2. Appropriateness of diagnostics and therapeutics:  
   - Excellent  
   - Good  
   - Average  
   - Poor  
   - N/A  
   Comments:  

3. Communication and interaction with fellow providers:  
   - Excellent  
   - Good  
   - Average  
   - Poor  
   - N/A  
   Comments:  

4. Communication and interaction with staff:  
   - Excellent  
   - Good  
   - Average  
   - Poor  
   - N/A  
   Comments:  

5. Communication and interaction with patients and families:  
   - Excellent  
   - Good  
   - Average  
   - Poor  
   - N/A  
   Comments:  

6. Patient satisfaction:  
   - Excellent  
   - Good  
   - Average  
   - Poor  
   - N/A  
   Comments:  

7. Timeliness, legibility, and thoroughness of documentation:  
   - Excellent  
   - Good  
   - Average  
   - Poor  
   - N/A  
   Comments:  

8. Contribution to workload by physician:  
   - Excellent  
   - Good  
   - Average  
   - Poor  
   - N/A  
   Comments:  

Phone: 855-491-9119  
Fax: 855-990-7393
9. In general, how would you rate this physician?
   Comments:

10. Quality of work by physician during this assignment:
   Comments:

11. Precision and timeliness of physician:
   Comments:

12. Knowledge and communication of physician during this assignment:
   Comments:

13. Ease of working with MD Staff Pointe:
   Comments:

14. Ease of contact with MD Staff Pointe staff:
   Comments:

15. Would you consider working with this physician in the future? Yes No

If you would not consider working with this physician again please explain your reasoning below:

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________________________________________________________________________
________________________________________________________________________

Please provide us with any additional feedback regarding your previous experience with our physician and staff in the space provided below so that our team at MD Staff Pointe can work on improving the services we provide you and other clients in the future.

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Hospital Representative Signature ________________________________ Date ______________________