



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
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments:	_____				
2. Appropriateness of diagnostics and therapeutics:	Excellent	Good	Average	Poor	N/A
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments:	_____				
3. Communication and interaction with fellow providers:	Excellent	Good	Average	Poor	N/A
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments:	_____				
4. Communication and interaction with staff:	Excellent	Good	Average	Poor	N/A
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments:	_____				
5. Communication and interaction with patients and families:	Excellent	Good	Average	Poor	N/A
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments:	_____				
6. Patient satisfaction:	Excellent	Good	Average	Poor	N/A
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments:	_____				
7. Timeliness, legibility, and thoroughness of documentation:	Excellent	Good	Average	Poor	N/A
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments:	_____				
8. Contribution to workload by physician:	Excellent	Good	Average	Poor	N/A
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments:	_____				

9. In general, how would you rate this physician?	Excellent <input type="radio"/>	Good <input type="radio"/>	Average <input type="radio"/>	Poor <input type="radio"/>	N/A <input type="radio"/>
Comments:					
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10. Quality of work by physician during this assignment:	Excellent <input type="radio"/>	Good <input type="radio"/>	Average <input type="radio"/>	Poor <input type="radio"/>	N/A <input type="radio"/>
Comments:					
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11. Precision and timeliness of physician:	Excellent <input type="radio"/>	Good <input type="radio"/>	Average <input type="radio"/>	Poor <input type="radio"/>	N/A <input type="radio"/>
Comments:					
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12. Knowledge and communication of physician during this assignment:	Excellent <input type="radio"/>	Good <input type="radio"/>	Average <input type="radio"/>	Poor <input type="radio"/>	N/A <input type="radio"/>
Comments:					
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13. Ease of working with MD Staff Pointe:	Excellent <input type="radio"/>	Good <input type="radio"/>	Average <input type="radio"/>	Poor <input type="radio"/>	N/A <input type="radio"/>
Comments:					
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14. Ease of contact with MD Staff Pointe staff:	Excellent <input type="radio"/>	Good <input type="radio"/>	Average <input type="radio"/>	Poor <input type="radio"/>	N/A <input type="radio"/>
Comments:					
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15. Would you consider working with this physician in the future?	Yes <input type="radio"/>	No <input type="radio"/>
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If you would not consider working with this physician again please explain your reasoning below:

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.

Hospital Representative Signature

Date