

Patient Evaluation of Fellow Encounter

Fellow: _____

Date: _____

Hospital: Grady Emory VA

TO THE PATIENT: We would appreciate your comments on your visit with the doctor today. The information that you provide will be used to evaluate the doctor and help improve our training program in Endocrinology and Metabolism. Please check “No” or “Yes” after reading the following questions.

	No	Yes
The doctor greeted me professionally and introduced him/herself.	<input type="checkbox"/>	<input type="checkbox"/>
The doctor listened to what I had to say.	<input type="checkbox"/>	<input type="checkbox"/>
The physical examination was done professionally and carefully.	<input type="checkbox"/>	<input type="checkbox"/>
The doctor explained things to me and/or my family.	<input type="checkbox"/>	<input type="checkbox"/>
The doctor addressed the issues that I brought up.	<input type="checkbox"/>	<input type="checkbox"/>
The doctor included me in the plans for my healthcare.	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments (optional):

Thank you for participating in our evaluation process.