



Transfer Center Survey

Patient Name: _____
First Last

Referring Facility: _____

Referring Physician: _____
First Last

Date of Transfer: _____
Month Day Year

1. Overall, how satisfied are you with the services provided by the University Health Care Transfer Center?

5	4	3	2	1
extremely satisfied	very satisfied	somewhat satisfied	not very satisfied	not at all satisfied

2. How satisfied are you with the Transfer Center Staff?

5	4	3	2	1
extremely satisfied	very satisfied	somewhat satisfied	not very satisfied	not at all satisfied

3. How satisfied are you with the Attending Physician to whom you spoke?

5	4	3	2	1
extremely satisfied	very satisfied	somewhat satisfied	not very satisfied	not at all satisfied

4. How many minutes passed between calling the Transfer Center and being connected with an Attending Physician?

5	4	3	2	1
extremely satisfied	very satisfied	somewhat satisfied	not very satisfied	not at all satisfied

5. Please indicate what information would be helpful to you as a referring physician:

- Attending physician contact information
- Patient specific information (room#, diagnosis, phone number)
- Operative notes
- Discharge summary

6. Please indicate how you would like to receive follow-up information?

E-Mail: _____
Preferred mode of communication (efficient, automatic, HIPAA compliant, cost saving)

Mail: _____
Address

City St Zip

7. How likely are you to recommend the University Health Care Transfer Center to colleagues?

5	4	3	2	1
extremely likely	very likely	somewhat likely	not very likely	not at all likely

Comment: _____
