PINNACLE Heart Specialists

for healthy hearts

Dear Colleague:
As part of our continuing practice improvement, we value your opinion regarding our ability to meet your needs. Your candid comments and suggestions are welcome and will be kept confidential. Thank you for your time and consideration.

A. YOUR REFERRAL PATTERNS

1. Do you currently refer patients to our practice? ☐ Yes ☐ No
   If YES, please indicate the service(s) to which **this survey applies:**

☐ Consultation ☐ Electrocardiogram (EKG) ☐ Echocardiogram
☐ Pre-Op Evaluation ☐ Stress Echo ☐ Dobutamine Stress Echo
☐ Coumadin Clinic ☐ Nuclear Stress ☐ Ambulatory BP Evaluation
☐ Event Recorder ☐ 24 Hour Holter

2. What percentage of your Cardiology referrals Are made to our practice?
   Under 20% _____
   21-40% _____
   41-60% _____
   61-80% _____
   81-100% _____

3. Have you made any changes in your referral patterns to our practice in the past year?
   Yes, I send more patients _____
   Yes, I send fewer patients _____
   No change in my referrals _____

3. If you have changed your referral patterns to our practice, what caused you to change?

_____

_____

B. IF YOU CURRENTLY REFER PATIENTS TO US, PLEASE RATE OUR PRACTICE IN TERMS OF:

		Excellent	Very Good	Good	Fair	Poor	N/A
1.	Our ability to offer your patient a timely appointment	5	4	3	2	1	N/A
2.	Our willingness to see urgent cases on short notice	5	4	3	2	1	N/A
3.	The courtesy/responsiveness of the scheduler who took your call	5	4	3	2	1	N/A
4.	The ease of scheduling an appointment by phone	5	4	3	2	1	N/A
5.	The overall ease of the referral process	5	4	3	2	1	N/A
6.	The clinical skills of our physicians	5	4	3	2	1	N/A
7.	The timeliness of patient status reports	5	4	3	2	1	N/A
8.	The thoroughness of patient status reports	5	4	3	2	1	N/A
9.	Your patients' comments about our practices	5	4	3	2	1	N/A
10.	The courtesy/responsiveness of our office staff	5	4	3	2	1	N/A
11.	The location of our office	5	4	3	2	1	N/A
12.	The health plans with which we contract	5	4	3	2	1	N/A
13.	Your involvement in follow-up care	5	4	3	2	1	N/A
14.	Our process for returning your patient to your care	5	4	3	2	1	N/A

IF YOU HAVE INDICATED A FAIR OR POOR RATING, PLEASE TELL US WHY:

_____

_____

_____

_____

Pinnacle Heart Specialists, LLC, 1935 N Capitol Avenue, Suite 200, Indianapolis, IN, 46202-6403,Phone: 317.931.3252, Fax: 317.931.3255

PINNACLE Heart Specialists

for healthy hearts

C. HOW WOULD YOU RATE YOUR OVERALL SATISFACTION WITH OUR PRACTICE?	**Excellent 5**	**Very Good 4**	**Good 3**	**Fair 2**	**Poor 1**

D. PLEASE TELL US WHICH IS MORE IMPORTANT?

Receiving test results/status reports as *quickly* as possible (sent by fax) ☐

Receiving test results/status reports *directly from the physician* ☐

E. WOULD YOU REFER A MEMBER OF YOUR FAMILY TO OUR PRACTICE?

☐ Yes ☐ No If NO, please tell us why:_____

_____

_____

_____

_____

_____

F. HOW CAN WE IMPROVE OUR SERVICES TO YOU AND YOUR PATIENTS?

_____

_____

_____

_____

G. ARE YOU AWARE THAT WE OFFER THE FOLLOWING SERVICES?

Coumadin Clinic	☐ Yes	☐ No
Ambulatory Blood Pressure	☐ Yes	☐ No
24 Hour Holter Evaluation	☐ Yes	☐ No
Lipid Clinic	☐ Yes	☐ No
Nuclear Stress Test	☐ Yes	☐ No
Event Recorder	☐ Yes	☐ No

OTHER COMMENTS:

_____

_____

_____

_____

_____

_____

_____

_____

Thank you for your help!