

Georgia Veterinary Specialists Referral Survey

Referring veterinarian: _____

Practice: _____

Date: _____

Thank you for taking the time to complete this survey. Your suggestions and feedback are always welcome and appreciated.

	Internal Medicine	Surgery	Neurology	Cardiology	Opthamology	Dermatology
1) Approximately how many cases have you referred in the past year?	<input type="checkbox"/> none <input type="checkbox"/> <5 <input type="checkbox"/> 5-10 <input type="checkbox"/> >10	<input type="checkbox"/> none <input type="checkbox"/> <5 <input type="checkbox"/> 5-10 <input type="checkbox"/> >10	<input type="checkbox"/> none <input type="checkbox"/> <5 <input type="checkbox"/> 5-10 <input type="checkbox"/> >10	<input type="checkbox"/> none <input type="checkbox"/> <5 <input type="checkbox"/> 5-10 <input type="checkbox"/> >10	<input type="checkbox"/> none <input type="checkbox"/> <5 <input type="checkbox"/> 5-10 <input type="checkbox"/> >10	<input type="checkbox"/> none <input type="checkbox"/> <5 <input type="checkbox"/> 5-10 <input type="checkbox"/> >10
2) Have you been satisfied with the quality of veterinary care?	<input type="checkbox"/> never <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> always	<input type="checkbox"/> never <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> always	<input type="checkbox"/> never <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> always	<input type="checkbox"/> never <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> always	<input type="checkbox"/> never <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> always	<input type="checkbox"/> never <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> always
3) Have communications regarding hospitalized patients been adequate?	<input type="checkbox"/> never <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> always	<input type="checkbox"/> never <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> always	<input type="checkbox"/> never <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> always	<input type="checkbox"/> never <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> always	<input type="checkbox"/> never <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> always	<input type="checkbox"/> never <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> always
4) Have you routinely received a phone call regarding the case?	<input type="checkbox"/> never <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> always	<input type="checkbox"/> never <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> always	<input type="checkbox"/> never <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> always	<input type="checkbox"/> never <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> always	<input type="checkbox"/> never <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> always	<input type="checkbox"/> never <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> always
5) When calling GVS for non-emergency reasons, do you routinely receive a call back within 24-48 hours.	<input type="checkbox"/> never <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> always	<input type="checkbox"/> never <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> always	<input type="checkbox"/> never <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> always	<input type="checkbox"/> never <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> always	<input type="checkbox"/> never <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> always	<input type="checkbox"/> never <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> always
6) How often, if at all, have you needed to make a second call?	<input type="checkbox"/> never <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> always	<input type="checkbox"/> never <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> always	<input type="checkbox"/> never <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> always	<input type="checkbox"/> never <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> always	<input type="checkbox"/> never <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> always	<input type="checkbox"/> never <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> always

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7) Have you routinely received a copy of the discharge instructions?	<input type="checkbox"/> never <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> always	<input type="checkbox"/> never <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> always	<input type="checkbox"/> never <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> always	<input type="checkbox"/> never <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> always	<input type="checkbox"/> never <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> always	<input type="checkbox"/> never <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> always
8) Have you routinely received referral letters from the clinician in a timely manner?	<input type="checkbox"/> never <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> always	<input type="checkbox"/> never <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> always	<input type="checkbox"/> never <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> always	<input type="checkbox"/> never <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> always	<input type="checkbox"/> never <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> always	<input type="checkbox"/> never <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> always
9) If your patient had any test results pending at discharge, have you been informed of the results in a timely manner?	<input type="checkbox"/> never <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> always	<input type="checkbox"/> never <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> always	<input type="checkbox"/> never <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> always	<input type="checkbox"/> never <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> always	<input type="checkbox"/> never <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> always	<input type="checkbox"/> never <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> always
10) If your patient died or was euthanized, have you been informed by a clinician in a timely manner?	<input type="checkbox"/> never <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> always	<input type="checkbox"/> never <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> always	<input type="checkbox"/> never <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> always	<input type="checkbox"/> never <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> always	<input type="checkbox"/> never <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> always	<input type="checkbox"/> never <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> always
11) Have your clients been satisfied with the services received at GVS? (if not, please explain why)	<input type="checkbox"/> never <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> always <input type="checkbox"/> unsure	<input type="checkbox"/> never <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> always <input type="checkbox"/> unsure	<input type="checkbox"/> never <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> always <input type="checkbox"/> unsure	<input type="checkbox"/> never <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> always <input type="checkbox"/> unsure	<input type="checkbox"/> never <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> always <input type="checkbox"/> unsure	<input type="checkbox"/> never <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> always <input type="checkbox"/> unsure

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12) If you have referred patients to other specialty hospitals or universities, what were your reasons? (check all that apply)	<input type="checkbox"/> distance <input type="checkbox"/> too expensive <input type="checkbox"/> long wait for appointment <input type="checkbox"/> owner preference <input type="checkbox"/> other (explain)	<input type="checkbox"/> distance <input type="checkbox"/> too expensive <input type="checkbox"/> long wait for appointment <input type="checkbox"/> owner preference <input type="checkbox"/> other (explain)	<input type="checkbox"/> distance <input type="checkbox"/> too expensive <input type="checkbox"/> long wait for appointment <input type="checkbox"/> owner preference <input type="checkbox"/> other (explain)	<input type="checkbox"/> distance <input type="checkbox"/> too expensive <input type="checkbox"/> long wait for appointment <input type="checkbox"/> owner preference <input type="checkbox"/> other (explain)	<input type="checkbox"/> distance <input type="checkbox"/> too expensive <input type="checkbox"/> long wait for appointment <input type="checkbox"/> owner preference <input type="checkbox"/> other (explain)	<input type="checkbox"/> distance <input type="checkbox"/> too expensive <input type="checkbox"/> long wait for appointment <input type="checkbox"/> owner preference <input type="checkbox"/> other (explain)

13) Are there any services that that you would like for GVS to provide that are not currently available?	<input type="checkbox"/> Yes (please list) _____ <input type="checkbox"/> No _____ _____ _____
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14) Please list up to three things that motivate you to refer to GVS	_____ _____ _____
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15) Please list up to three things that you consider an impediment to referral to GVS.	_____ _____ _____
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ADDITIONAL COMMENTS (you may continue on back)
