

# CHATHAM HOSPITALISTS, LLC

## PATIENT FOLLOW-UP SURVEY

Patient's Name \_\_\_\_\_  
(First, MI, Last)

Phone \_\_\_\_\_ (Area Code) XXX-XXXX

Where were you hospitalized?       Candler Hospital       St. Joseph's Hospital

On what date were you discharged from the hospital? \_\_\_\_\_ (MM/DD/YYYY)

Who was your Attending Hospitalist (physician)? \_\_\_\_\_

If you were prescribed medications to fill after leaving the hospital, have you filled them yet?     YES     NO  
 If YES, have there been any problems or concerns with your medications?

If NO, what can we do to help you with your medications?

Have any follow-up appointments been made?     YES     NO  
 If NO, what can we do to help you?

*place a checkmark in the appropriate box:*

	Excellent	Very Good	Good	Fair	Poor
1. How would you rate the availability of your Hospitalists? Was he/she there when you needed them?					
2. How would you rate the skill of the Hospitalist doctor that treated you?					
3. How would you rate the courtesy/respect given to you by the Hospitalist doctor that treated you?					
4. How would you rate the quantity and quality of the information provided to you by the Hospitalist doctor about your illness and/or treatment?					
5. How would you rate how well your pain was assessed and managed by the Hospitalist doctor while you were in the hospital?					

Additional Comments: