

Dear Patient:

Your opinion of the doctors in training is important in their learning and growth. Below is an evaluation form for you to help us in this process. The residents, or doctors in training, are the people who see you before your appointment with your doctor. Please help us in better educating them in the care of patients by answering the questions below and returning it to the person who handed you this form.

Your participation is much appreciated.

PATIENT EVALUATION

	<b>Strongly agree</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>	<b>Strongly disagree</b>
My doctor seems knowledgeable					
My doctor is able to communicate with me in terms that I am able to understand					
My doctor listens and I am comfortable with him/her					
My doctor is on time and behaves in a professional way					
I trust my doctor's judgment and decision-making					
My doctor understands my concerns and needs					
My doctor communicates well with staff and other healthcare professionals					
I would recommend this physician					
I would continue my care with this physician					