



*In alliance with
The University of Vermont*

COMMUNICATION, INTERPERSONAL SKILLS, AND PROFESSIONALISM EVALUATION FORM (PATIENT FORM)

Date: _____

As part of an evaluation process at the fellowship program in Pulmonary and Critical Care Medicine at Fletcher Allen Health Care, you are being asked to complete this brief questionnaire about Dr. _____.

Your answers to the following questions will remain confidential. Participation will not affect your current or future care at Fletcher Allen Health Care.

How is Dr. _____ at:

	Excellent	Very Good	Good	Fair	Poor	Unable to Evaluate
Listening carefully to you						
Using words you can understand when explaining your evaluation and treatment						
Seeking your input before making decisions						
Addressing your questions						
Showing interest in your condition						

Additional Comments:

Please place the completed form in the survey collection box next to the door as you leave the clinic. Thank you for your time and input.