

UNIVERSITY OF MICHIGAN HEALTH SYSTEM
PROGRAM
COMMUNICATION, INTERPERSONAL SKILLS, AND PROFESSIONALISM
EVALUATION FORM (PATIENT FORM)

DATE: _____

As part of an evaluation process by the University of Michigan Health System _____ Program, you are being asked to complete this brief questionnaire about the physician pictured below.

Large Picture of Resident

Your answers to the following questions will remain confidential. Participation will not affect your current or future care at the University of Michigan Health System.

How is this physician 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 you and your condition						

Comments:

Please return this form to your patient services representative or your nurse. Thank you for your time and input.