



Pre-Visit Questionnaire

Name: _____

Address of office to be visited: _____

Business Phone Number: _____ Fax Number: _____

The purpose of this questionnaire is to familiarize the visitor with you and your practice, and to reduce the time necessary for on-site collection of information.

A. Medical Education

Year of graduation: _____

Number of years in Canadian practice: _____

Number of years in current practice location: _____

Post-graduate qualifications and certifications: _____

B. Continuing Medical Education

Please list conferences and lectures attended, and dates in the past 12 months (eg. Family Practice Update - UofC, Jan 1999):

Please list paper and electronic reference material consulted in the past 12 months:

In Office
(eg. Drugs of Choice)

Out of Office
(eg. Alberta Clinical Practice Guidelines Program website)

C. Description Of Practice

Number of office hours worked per week: _____

Average number of patients seen per hour in the office: _____

Hospital privileges:

Yes No

If yes, what type (e.g. admitting, courtesy, acute care, long-term, on-call duty, etc.)

Describe the demographics of your practice population:

Do you provide antenatal care?

Yes No

Surgical procedures performed in the office:

D. Organization of Charts (please review 15 of your charts and complete the following)

Are the records legible (>80%)?

Yes No

Can you identify, by any means (e.g. handwriting, stamp, signature, etc.) who made the entries on the files?

Yes No

Is the patient's name, date of birth, address and/or phone number identified in each chart?

Yes No

Are the following present in the charts:

o allergies and drug reactions present?

Yes No

o current medication lists present?

Yes No

o active problem lists (including chronic illness and risk factors) present?

Yes No

o past medical histories present?

Yes No

o laboratory and x-ray results present?

Yes No

o social and occupational histories present?

Yes No

o pediatric growth charts present?

Yes No N/A

o antenatal records present?

Yes No N/A

o referral request letters present?

Yes No N/A

o consultants' reports present?

Yes No N/A

E. Office Facility

- Is the office easily accessed by patients with disabilities? Yes No
- Is the waiting area sufficient (one chair per patient)? Yes No
- Is the office clean and in good repair? Yes No
- Does the office layout protect privacy of conversations with patients? Yes No
- Are patients' records protected from unauthorized viewing? Yes No
- Do the examination rooms:
- o have adequate lighting? Yes No
 - o have an examination table? Yes No
 - o have lighting and space to perform gynecological examinations? Yes No
 - o have a sink in each examination room? Yes No
 - o protect privacy (sound and light)? Yes No
- How many people (including the physician) can the examination rooms seat?
- Does the clinic have the following equipment readily available:
- o stethoscope Yes No
 - o sphygmomanometer Yes No
 - o otoscope with clean tips Yes No
 - o ophthalmoscope Yes No
 - o reflex hammer Yes No
 - o measuring tape Yes No
 - o vaginal specula Yes No
 - o disposable gloves Yes No
 - o lubricant Yes No
- Are sharps and toxic products properly stored and discarded? Yes No
- Are washrooms easily accessible to patients? Yes No
- Is emergency equipment appropriate to the location? Yes No
- Is adrenaline available for anaphylactic reactions? Yes No
- Are drugs stored appropriately and securely? Yes No
- Are drugs dated and within expiry dates? Yes No
- Are prescription pads securely stored? Yes No
- Is an autoclave available? Yes No

F. Office Personnel

Do you practise in a Primary Care Network? Yes No

How many physicians do you work with in the office? _____

How many RNs / LPNs do you work with in the office? _____

How many administrators/others do you work with in the office? _____

Additional description (optional):

Do you discuss policies with office personnel? Yes No

Do you instruct office personnel on:

- communicating with patients? Yes No
- cleaning and sterilization? Yes No Not performed by staff
- measuring blood pressure? Yes No Not performed by staff
- performing other clinical tasks? Yes No Not performed by staff

If yes, please list:

G. Practice Policies

What is the average length of waiting time for patients in your waiting room?

What arrangements do you have for the after-hours care of your patients?

Are all tests reviewed by the physician who requested each test? Yes No

What is the procedure to ensure review of investigation results before they are filed in the patient's record?

Are patients notified of all abnormal results? Yes No

When sensitive examinations are performed (e.g. genitalia), is a third person present? Yes No

If no, please explain:

Are patients' records stored electronically ("computerized")? Yes No

A practice visit is conducted by a physician in a practice similar to yours. The visitor (s) will be in your office for about four hours. Please mark your preferred times (3 slots minimum):

	Mon	Tue	Wed	Thu	Fri	Sat	Sun	
am								<i>Preferred a.m. times:</i> 08:00-12:00 <input type="checkbox"/> 09:00-13:00 <input type="checkbox"/>
pm								<i>Preferred p.m. times:</i> 12:00-16:00 <input type="checkbox"/> 13:00-17:00 <input type="checkbox"/>

Please mail the Pre-Visit Questionnaire when complete to:

Dr. Nigel Flook
 c/o College of Physicians and Surgeons of Alberta
 2700 Telus Plaza South, 10020 - 100 Street NW
 Edmonton AB T5J 0N3

or fax to (780) 428-2712