



Pre-Visit Questionnaire – Episodic Care Physicians

Name: _____

Address of office to be visited:

Business Phone Number: _____ Fax Number: _____

The purpose of this questionnaire is to familiarize the practice 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 presentations, and dates in the past 12 months (eg. Family Practice Update U of C, Jan):

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. Office Personnel:

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:

E. 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

The visitor will be in your office for about four hours.
Please mark your preferred times for a Practice Visit
(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