

2019 Provider Satisfaction Survey

We need your help! Please tell us how well we are doing by taking a few minutes to fill out this survey about The Diabetes Health Center (DHC). **Once completed, please fax the survey back to us at 831-724-0877 or email to tmartinez@pvhealthtrust.org** If you have any questions about the survey, please contact our Office Manager at 831-763-6445. For your convenience, you may also download this Provider Satisfaction Survey from our website at www.pvhealthtrust.org.

_____/_____/_____/_____/_____
Provider Last Name Provider First Name NPI Phone Date

_____/_____/_____
Name of Person Completing Survey (other than provider) Title Email

PROVIDER: Please answer a few questions about yourself:

1. I am a--- Primary Care Provider Specialty Care Provider Other _____

OVERALL SATISFACTION:

1. Are you receiving updates about our Medical Nutrition Therapy Program (MNT)?

Yes No

2. Are you receiving updates about our Diabetes Management Program (DM)?

Yes No

3. How would you rate our Medical Nutrition Training Program (MNT)?

Poor Fair Good Excellent N/A

4. How would you rate our Diabetes Education Program (DM)?

Poor Fair Good Excellent N/A

5. Do we provide a timely response to your patient referrals?

Never Sometimes Always N/A

6. Do our educators' notes provide adequate information?

Never Sometimes Always N/A

7. Overall, how would you rate our services?

Poor Fair Good Excellent N/A

Follow-up Information:

If you would like a phone call/email to discuss our care more thoroughly, or you would like a DHC representative to follow up with you, please include your name and contact information below:

Name:

Daytime phone number:

Email:

The Diabetes Health Center is a program of the Pajaro Valley Community Health Trust

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