

Ottawa Health Services Network Inc.
120-1929 Russell Road
Ottawa Ontario
K1G 4G3

**. Doctors, Residents, Nurses and Allied Health Professionals
Feedback Form**

What type of comment would you like to send?

- Compliment
- Criticism
- Complaint
- Suggestion

Please write any comments or suggestions. We welcome all feedback:

Please indicate whether you are a:

- Doctor, Resident
- Allied Health Professional
- Nurse

How was your contract and professional fee arrangement?

- Excellent
- Very good
- Good
- Fair
- Poor

Was the staff of Ottawa Health Services Network Inc. helpful?

- Excellent
- Very good
- Good
- Fair
- Poor

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Was the staff at Ottawa Health Services Network Inc. readily accessible?

- Excellent
- Very good
- Good
- Fair
- Poor

Were your clinic dates known well in advance?

- Excellent
- Very good
- Good
- Fair
- Poor

How was working in the Nunavut Specialist Clinic?

- Excellent
- Very good
- Good
- Fair
- Poor

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Was your licensing and registration handled competently by Ottawa Health Services Network inc. staff?

- Excellent
- Very good
- Good
- Fair
- Poor

Were referrals South handled competently?

- Excellent
- Very good
- Good
- Fair
- Poor

How was working with interpreters?

- Excellent
- Very good
- Good
- Fair
- Poor

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Were you well informed of your roles and responsibilities in the North prior to your North clinic?

- Excellent
- Very good
- Good
- Fair
- Poor

Was the Baffin Ottawa Program well explained to you prior to your travel North?

- Excellent
- Very good
- Good
- Fair
- Poor

Is there anything our service can do to improve the care and services for you?

- No, I'm satisfied with everything
- Yes, some things can be improved: (please specify)

How convenient was the location of the Ottawa Health Services Network Inc. office.

- Excellent
- Good
- Very Good
- Fair
- Poor

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How was getting through to the office by phone/ pager?

- Excellent
- Good
- Very Good
- Fair
- Poor

How as the medical interpretation about the patient's health problems and medical treatment?

- Excellent
- Good
- Very Good
- Fair
- Poor

Was information provided about other resources (reading materials, websites).

- Excellent
- Good
- Very Good
- Fair
- Poor

How were the skills (thoroughness, carefulness, competence) of the Ottawa Health Services Network Inc. staff?

- Excellent
- Good
- Very Good

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- Fair
- Poor

How as the personal manner (courtesy, respect, friendliness) of the Ottawa Health Services Network Inc. staff.

- Excellent
- Good
- Very Good
- Fair
- Poor

How do you feel about the quality of the medical clinic overall?

- Excellent
- Good
- Very Good
- Fair
- Poor

Dates of Your Clinic (exact dates, if possible)

Clinic start date:				Clinic end date:		
dd	mm	yyyy		dd	mm	yyyy

How well did The Ottawa Health Services Network Inc. meet your needs as a professional?

- Excellent
- Very Good
- Good
- Fair

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- Poor
- N/A

If you wish to discuss your comments with a member of our staff, or to receive a personal reply, please tell us who you are:

My Name: (optional)

My E-Mail Address: (optional)

My Telephone Number: (optional)