



Visions For Care -- Clinic Survey Form

Your Name:

Company Name:

Phone Number: Email Address:

Check All that Apply:

- I'm a New Administrator - so where do I begin?
- I've just taken control of a clinic as an administrator
- The techs run the clinic?
- Staff : to many or not enough personnel
- CMS Audit -- Help!

Major Concern 1:

Rank in Order of Concern

Clinic Atmosphere	We're Great	We're O.K.	We're Bad
Staff turn over	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dress code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Major Concern 2:

Rank in Order of Concern

Central Supply	We're Great	We're O.K.	We're Bad
Waste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ordering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication counts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rank in Order of Concern

Clinic Floor	We're Great	We're O.K.	We're Bad
Appears cluttered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unprofessional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dirty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unorganized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CMS standards met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Major Concern 3:

Rank in Order of Concern

Budget	We're Great	We're O.K.	We're Bad
Efficient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outcomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Missed Treatments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rank in Order of Concern

Medical Records	We're Great	We're O.K.	We're Bad
Appears cluttered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unprofessional Notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unorganized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CMS standards met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please fax back completed form to:(530) 342-4184