



Fax Provider Survey

This is a summary of the types of questions that appear on the fax survey. For detailed information about the wording of questions, please contact the Principal Investigator, Dr. Emily Gard Marshall [emily.marshall@dal.ca].

Scope of practice

1. Please indicate which of the following types of services are provided by Dr. _____ to individual patients. Please feel free to add comments to explain your answers (*please check either Yes or No for each item and add comments*).

Type of service			Comments
a) Office procedures	<input type="radio"/> Yes	<input type="radio"/> No	
b) Maternity care	<input type="radio"/> Yes	<input type="radio"/> No	
c) Mental Health Services	<input type="radio"/> Yes	<input type="radio"/> No	
d) Out-of-office services	<input type="radio"/> Yes	<input type="radio"/> No	

Payment method	Applicable?	What %?	Notes
a) Fee-for-service	<input type="radio"/> Yes		
b) Salary	<input type="radio"/> Yes		
c) Other	<input type="radio"/> Yes		

Acceptance of new patients	<input type="radio"/> Yes	<input type="radio"/> No	Notes
Exceptions?	<input type="radio"/> Yes	<input type="radio"/> No	

Notes	
Process for accepting patients	
Days away from practice in past 12 months (list of reasons provided)	
How is practice managed? (list of choices provided)	
If joint practice, mechanisms to support collaboration (list is provided on survey form)	
EMR use and reasons (list provided)	
Size of practice population	
Hours per week working as office-based primary health care provider	
After hours or week-end care provided?	
Languages in which care is provided	
Retirement plans	
May we contact you in future for participation in further research?	