

Appendix 5 Referrer Satisfaction Survey

Allied Health Service - Referrer Satisfaction Survey

XXX Health Service District

1 Do you refer to Allied Health services in XXX Health Service District

Yes Continue to Question 2.

No Continue to Question 1b.

1b If you answered no to Question 1, please indicate reasons why you do not refer to allied health services and return the survey as indicated below. You do not need to continue further.

2 Please indicate which services you refer to:

1 Physiotherapy

2 Occupational Therapy

3 Social Worker

4 Dietician

5 Speech Therapy

6 Podiatry

3 Now thinking about the allied health services in this district, what services do you request from - Physiotherapy?

1 Rehabilitation – post CVA

2 Rehabilitation – post orthopaedic injury/ surgery

3 Rehabilitation – post cardiac episode

4 Rehabilitation – amputee

5 Rehabilitation – brain injury

- 6 Palliative Care
- 7 Chest Physiotherapy
- 8 Paediatric Assessment/Treatment
- 9 Hand Injuries
- 10 Musculoskeletal Syndrome/Injuries
- 11 Discharge Planning
- 12 Other, please specify _____

What services do you request from Occupational Therapy?

- 1 Rehabilitation – post CVA
- 2 Rehabilitation – post orthopaedic injury/surgery
- 3 Rehabilitation – post cardiac episode
- 4 Rehabilitation – amputee
- 5 Rehabilitation – brain injury
- 6 Palliative Care
- 7 Lymphoedema/Ulcer Care
- 8 Paediatric Assessment/Treatment
- 9 Home Visit/Equipment Advice
- 10 Hand Injuries
- 11 Musculoskeletal Syndrome/Injuries
- 12 Cognitive Assessment
- 13 Discharge Planning
- 14 Other, please specify _____

What services do you request from Social Work?

- 1 Advocacy Mediation
- 2 Crisis Counselling
- 3 Anxiety/Depression
- 4 Grief and Loss Counselling
- 5 Psychological Assessment

- 6 Discharge Planning
- 7 Education and Information
- 8 Group Work
- 9 Referral to Appropriate Service
- 10 Other, please specify _____

What services do you request from Speech Therapy?

- 1 Rehabilitation – post CVA
- 2 Rehabilitation – post brain injury
- 3 Palliative Care
- 4 Swallowing Assessment
- 5 Paediatric Assessment/Treatment
- 6 Voice Assessment and Therapy
- 7 Alternative/Augmentative Communication
- 8 Voice Prosthesis and Management
- 9 Post Laryngectomy Management
- 10 Other, please specify _____

What services do you request from Dietetics?

- 1 Rehabilitation – post CVA
- 2 Rehabilitation – post cardiac episode
- 3 Rehabilitation – brain injury
- 4 Rehabilitation – amputee
- 5 Palliative Care
- 6 Lymphoedema/Ulcer Care
- 7 Diabetes Education and Information
- 8 Weight Control Program
- 9 Gastroenterology
- 10 Nutritional Risk
- 11 Metabolic Disorder

- 12 Oncology
- 13 Paediatrics
- 14 Other, please specify _____

4 What do you see as favourable features of allied health service in this district? (please tick more than one if appropriate)

- 1 Method of referral
- 2 Ease of contact to allied health service
- 3 Timely response to referral
- 4 Appropriate service provided to client
- 5 Appropriate referral to other services as required
- 6 Cultural needs of client respected
- 7 Feedback to your service from allied health professional
- 8 Other, please specify _____

Comments _____

5 What do you see as aspects of allied health service, which require improving?

- 1 Method of referral
- 2 Availability of allied health professionals
- 3 Response time to referral
- 4 Service provision to client
- 5 Referral to other services as required
- 6 Respect for cultural needs of client
- 7 Feedback of service provided to your service
- 8 Other, please specify _____

Comments _____

6. If you have further comment about the XXXX District Allied Health service, please include below.

Thank you for your cooperation in completing this questionnaire. Please return to _____.

Example