
The Atlantic Provinces Medical Peer Review



Post-Visit Questionnaire for Physicians

1. Was the information provided with your original notification adequate to ensure that you understood the process and expectations of peer review?
Yes _____ No _____

Comments: _____

2. Was the visit conducted in an acceptable manner? Yes _____ No _____

Why? _____

3. Do you believe the assessment visit was of value to you? Yes ___ No _____

Why? _____

4. What, if any, changes will you make as a result of this assessment visit?

5. Can you offer any suggestions which might improve the office visit process?

