

Rural Family Physician Evaluation

(Completion required for locum physician payment)

HealthForceOntario
Rural Family Medicine Locum Program



Assignment No.:

Rural Family Physician: _____ CPSO No.: _____

Community: _____

Assignment Dates: From (yy/mm/dd) _____ To (yy/mm/dd) _____

Locum Physician Name: _____

Total Days the Locum Worked in Your Office: _____

It took _____ days or _____ weeks to secure a locum

	Very Satisfied	Satisfied	Not Satisfied
Were office staff satisfied with the locum?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			
Were the patients satisfied with the locum?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			
Were hospital staff satisfied with the locum?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			
Were you satisfied with HFO MRA contact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			

	Yes	No
Did you find patient records legible and updated in your absence?	<input type="checkbox"/>	<input type="checkbox"/>
Would you consider this locum for any future service?	<input type="checkbox"/>	<input type="checkbox"/>

Please provide any information you feel would improve the program: _____

Rural Family Physician Signature: _____ Date: _____

I would like to receive the end of locum assignment package via:

- Regular mail Email. (Please provide your email address _____)
 I prefer not to be notified and will access the applicable form(s) online.

HealthForceOntario Marketing and Recruitment Agency
Rural Family Medicine Locum Program

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