



THE UNIVERSITY of TEXAS
HEALTH SCIENCE CENTER AT HOUSTON
MEDICAL SCHOOL

Division of Renal Diseases & Hypertension

Patient Evaluation Form (PEF)

As Part of the evaluation process by the University of Texas Medical School, you are being asked to complete this form on your doctor, _____.
Your identity will remain confidential.

How is your doctor at:	Excellent (5)	Very Good (4)	Good (3)	Fair (2)	Poor (1)
Listening Carefully to you					
Using words you can understand when explaining things to you					
Sharing interest in your concerns					
Being respectful to you and others					
Providing good medical care					
Answering your questions					
Being truthful					
Being friendly					

Would you recommend this doctor to other people? (please circle your answer)

yes

no

If no, why not?
