## **Continuing Professional Development Program**

Assessment Letter Questionnaire Template





Name of Psychiatri	st						
Date of Completion							
How many assessment letters did you receive from this psychiatrist in the last 12 months?							
More than 40	30 to 40	20 to 30	10 to 20 □	Less than 10 □			
The content of each accessment was adequate							
The content of each assessment was adequate							
Strongly Disagree	Disagree □	Neither agree nor disagree	Agree □	Strongly Agree			
The assessment letters were received in a timely manner							
Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree			
The assessment letters were easily understood							
Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree			
The content of the assessment letters was appropriate (included relevant history, examinations taken, findings and current management of the patient/s)							
Strongly Disagree	Disagree □	Neither agree nor disagree	Agree	Strongly Agree			
The assessment letters contained excessive or unnecessary information regarding the patient/s							
Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree			

The assessment letters were delivered to you via your preferred delivery method							
Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree			
The assessment required further communication with this psychiatrist in regards to the care of this patient							
Strongly Disagree	Disagree □	Neither agree nor disagree □	Agree	Strongly Agree			
The assessment let	ters raised add	litional questions for you					
Strongly Disagree	Disagree □	Neither agree nor disagree	Agree	Strongly Agree			
Additional Comments / Suggestions							
How could the letters be made more useful?							

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