

# ***Fax***

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To: Carol Ruiz

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From:

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Fax: 818-727-0793

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Fax:

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Phone: 818-993-4054

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Phone:

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Date: 10/6/2011

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Subject: Northridge Family Medicine Residency Program

Graduate Survey

18406 Roscoe Blvd

Northridge, CA 91325

*Affiliated with David Geffen School of Medicine, UCLA*

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Comments:

Northridge Family Medicine Residency Program



We are required to survey our graduates for the accreditation process. We appreciate your time to help us improve the program. Please help us by returning this survey, it should only take a few minutes of your time. Thank you!

Year graduated from – (Circle)

**2011**

**2010**

**2009**

**2008**

**2007**

Are you currently board certified? Y / N

Are you pleased with your choice of specialty? Y / N

Do you teach medical students or residents? Y / N

**What is your current professional activity? Check one or more.**

- Private Family Practice
- Solo
- FP Group
- Multi-specialty Group\
- Community / County Clinic
- Student Health
- Urgent Care
- Teaching (>50%)
- Teaching part-time
- Occupational Health
- Other

**What type of population is the community in which you practice?**

- Rural
- Suburban
- Urban
- Underserved

**Do you:**

<b>Do you deliver babies?</b>	Y	/	N
<b>Assist in surgery?</b>	Y	/	N
<b>Do colposcopy?</b>	Y	/	N
<b>Do office surgical procedures?</b>	Y	/	N
<b>Admit to the ICU?</b>	Y	/	N
<b>Care for hospital patients?</b>	Y	/	N
<b>Do circumcisions?</b>	Y	/	N
<b>Do Treadmills?</b>	Y	/	N
<b>Do office counseling?</b>	Y	/	N
<b>Offer complementary medicine?</b>	Y	/	N
<b>Care for uncomplicated fractures?</b>	Y	/	N

**Do you care for:**

<b>Uninsured?</b>	Y	/	N
<b>State funded patients?</b>	Y	/	N
<b>Medicare patients?</b>	Y	/	N
<b>HMO patients?</b>	Y	/	N

**Did residency at Northridge help you with your practice? (Explain)**

**How could we make it better?**

**Are you interested in alumni reunion?**

<b>Day long?</b>	Y	/	N
<b>Weekend long?</b>	Y	/	N
<b>Event long?</b>	Y	/	N

**Would you be interested in spending 10 afternoons a year as a UCLA Doctoring preceptor? If so, please call Pam Davis, M.D. We need people to recruit young doctors!!!**

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**We want to keep in touch! Please provide us with your updated info:**

**Address:**

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**Phone / Cell phone:**

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**Email:**

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**Preferred method of contact (?):**

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**Please fax this survey to: (818) 727-0793  
Thank you for participating in this survey!**