



# Great Lakes Pain Center Survey

Complete and return by fax: 800.940.9601 or  
email [cwalcott@procarepain.com](mailto:cwalcott@procarepain.com)

Any feedback you can give us is greatly appreciated as we continue to do the best we can to provide our patients with the best possible care. Thank you.

1. On a scale of 1-10 (10 being extremely easy) how easy is it to schedule your patient with us?

1      2      3      4      5      6      7      8      9      10

2. Do you feel that GLPC is adequately meeting the needs of your patients?    Y      N

Notes \_\_\_\_\_  
\_\_\_\_\_

3. Do you expect pain providers to take over medication management of your chronic pain patients?    Y      N

Notes \_\_\_\_\_  
\_\_\_\_\_

4. Do you refer your chronic pain patients to PT prior to referring to a pain management specialist?    Y      N

5. What percentage of your patients suffer from chronic pain?

0-10%      10-25%      25-50%      50-75%      75-100%

6. Do you feel your patients are apprehensive about/ wanting to hold off on specialty medical treatment due to Covid 19?    Y      N

Notes \_\_\_\_\_  
\_\_\_\_\_

7. If Covid 19 continues to affect the ability for us to visit offices, how would you like to be informed on updated practice information/new procedures we are offering? Circle all that apply.

- a. Office visits are always welcome
- b. Please mail any updated information to: \_\_\_\_\_  
\_\_\_\_\_
- c. Please email any new information directly to \_\_\_\_\_
- d. We will email [cwalcott@procarepain.com](mailto:cwalcott@procarepain.com) directly if we have questions or concerns.

8. Do you need any of the following from us?

- a. GLPC fax referral forms/practice and treatment information
- b. One of our providers to come in and educate your staff on managing chronic pain patients
- c. An office lunch explaining our multidisciplinary approach to pain management
- d. You or your medical staff visit our office to see how our specialists treat chronic pain
- e. NONE

9. I wish pain clinics would

\_\_\_\_\_  
\_\_\_\_\_

Contact information or additional notes:

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\_\_\_\_\_