

## Patient Evaluation of Fellow Encounter

Fellow: DR. Yaoli Yang

Date: 4-13-19

Hospital:  UW

VA

**TO THE PATIENT: We would appreciate your comments on your visit with the doctor today. The information that you provide will be used to evaluate the doctor and help improve our training program in Pulmonary Medicine. Please check "No" or "Yes" after reading the following questions.**

	No	Yes
The doctor greeted me professionally and introduced him/herself.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The doctor listened to what I had to say.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The physical examination was done professionally and carefully.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The doctor explained things to me and/or my family.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The doctor addressed the issues that I brought up.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The doctor included me in the plans for my healthcare.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Additional Comments (optional):**

DR. Yang was very professional, and very pleasant to work with.

*Thank you for participating in our evaluation process.*

### Patient Evaluation of Fellow Encounter

Fellow: DR. Yaoli Yang

Date: 3/16/19

Hospital:  UW

VA

**TO THE PATIENT:** We would appreciate your comments on your visit with the doctor today. The information that you provide will be used to evaluate the doctor and help improve our training program in Pulmonary Medicine. Please check "No" or "Yes" after reading the following questions.

	No	Yes
The doctor greeted me professionally and introduced him/herself.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The doctor listened to what I had to say.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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The doctor addressed the issues that I brought up.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The doctor included me in the plans for my healthcare.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Additional Comments (optional):**  

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*Thank you for participating in our evaluation process.*

## Patient Evaluation of Fellow Encounter

Fellow: DR. YAOLI YANG

Date: 02/06/2019

Hospital:  UW

VA

**TO THE PATIENT: We would appreciate your comments on your visit with the doctor today. The information that you provide will be used to evaluate the doctor and help improve our training program in Pulmonary Medicine. Please check "No" or "Yes" after reading the following questions.**

	No	Yes
The doctor greeted me professionally and introduced him/herself.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The doctor listened to what I had to say.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The physical examination was done professionally and carefully.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The doctor explained things to me and/or my family.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The doctor addressed the issues that I brought up.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The doctor included me in the plans for my healthcare.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Additional Comments (optional):**

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*Thank you for participating in our evaluation process.*