

## M I L L - F O R M A

## EVALUATION DE LA FORMATION PAR LES ORGANISMES CLIENTS

**Organisme:**

Quelle est votre appréciation sur :	Note sur 5
La disponibilité et clarté de l'offre	
Les formalités d'inscription	
Les informations transmises préalablement à la formation	
Le respect des éléments contractuels	
L'utilité de la formation dans le développement de la compétence des stagiaires	
La cohérence de la formation par rapport aux attentes	
La qualité de l'animation	
Les informations figurant sur la convention	

Vos suggestions d'améliorations ou autres commentaires :

Case No. _____	
Date _____	
Patient Name _____	
Room No. _____	
Physician _____	
Nurse _____	
Attending Physician _____	
Specialist _____	
Referral Source _____	
Referral Date _____	
Referral Reason _____	
Referral Status _____	
Referral Type _____	
Referral Category _____	
Referral Subcategory _____	
Referral Subcategory Description _____	
Referral Subcategory Details _____	
Referral Subcategory Notes _____	
Referral Subcategory Comments _____	
Referral Subcategory Remarks _____	
Referral Subcategory Observations _____	
Referral Subcategory Findings _____	
Referral Subcategory Conclusions _____	
Referral Subcategory Recommendations _____	
Referral Subcategory Follow-up _____	
Referral Subcategory Status _____	
Referral Subcategory Action _____	
Referral Subcategory Outcome _____	
Referral Subcategory Review _____	
Referral Subcategory Approval _____	
Referral Subcategory Denial _____	
Referral Subcategory Cancellation _____	
Referral Subcategory Rejection _____	
Referral Subcategory Withdrawal _____	
Referral Subcategory Termination _____	
Referral Subcategory Suspension _____	
Referral Subcategory Revocation _____	
Referral Subcategory Rescission _____	
Referral Subcategory Annulment _____	
Referral Subcategory Voidance _____	
Referral Subcategory Invalidation _____	
Referral Subcategory Nullification _____	
Referral Subcategory Disavowal _____	
Referral Subcategory Disaffirmance _____	
Referral Subcategory Disavowal of Liability _____	
Referral Subcategory Disavowal of Responsibility _____	
Referral Subcategory Disavowal of Authority _____	
Referral Subcategory Disavowal of Power _____	
Referral Subcategory Disavowal of Influence _____	
Referral Subcategory Disavowal of Control _____	
Referral Subcategory Disavowal of Direction _____	
Referral Subcategory Disavowal of Guidance _____	
Referral Subcategory Disavowal of Advice _____	
Referral Subcategory Disavowal of Counsel _____	
Referral Subcategory Disavowal of Assistance _____	
Referral Subcategory Disavowal of Support _____	
Referral Subcategory Disavowal of Aid _____	
Referral Subcategory Disavowal of Help _____	
Referral Subcategory Disavowal of Service _____	
Referral Subcategory Disavowal of Benefit _____	
Referral Subcategory Disavowal of Advantage _____	
Referral Subcategory Disavowal of Gain _____	
Referral Subcategory Disavowal of Profit _____	
Referral Subcategory Disavowal of Loss _____	
Referral Subcategory Disavowal of Damage _____	
Referral Subcategory Disavowal of Injury _____	
Referral Subcategory Disavowal of Harm _____	
Referral Subcategory Disavowal of Pain _____	
Referral Subcategory Disavowal of Suffering _____	
Referral Subcategory Disavowal of Distress _____	
Referral Subcategory Disavowal of Anxiety _____	
Referral Subcategory Disavowal of Depression _____	
Referral Subcategory Disavowal of Stress _____	
Referral Subcategory Disavowal of Tension _____	
Referral Subcategory Disavowal of Fatigue _____	
Referral Subcategory Disavowal of Exhaustion _____	
Referral Subcategory Disavowal of Weakness _____	
Referral Subcategory Disavowal of Inability _____	
Referral Subcategory Disavowal of Helplessness _____	
Referral Subcategory Disavowal of Powerlessness _____	
Referral Subcategory Disavowal of Controllessness _____	
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