Have A Heart Health Care Ltd.

PATIENT SATISFACTION SURVEY

Patient's Name: (optional) :_____

Date:_____

Please answer the following questions

1. When was the last Visit from your Nurse? _____	☐ I don't know
2. When was the last Visit from your Therapist?_____	☐ I don't know
3. How often does the Nurse come to see you_____	☐ I don't know
4. How often does the Therapist see you? _____	☐ I don't know
5. Are you satisfied with your Nurse services?	☐ YES ☐ NO ☐ I don't know
6. Are you satisfied with the Therapy services	☐ YES ☐ NO ☐ I don't know
7. Do you know how to get in contact with your doctor?	☐ YES ☐ NO ☐ I don't know
8. Do you know how to get in contact with your nurse or the Home Care Agency	☐ YES ☐ NO ☐ I don't know
9. Do you want the Agency to service you again in the future?	☐ YES ☐ NO ☐ I don't know
10. How will you rate the agency ?	☐Excellent ☐ Good ☐ Fair ☐ Poor

Reviewed by

Title

Date

18319 Distinctive Drive, Orland Park Il 60467