

Dear _____,

Thank you for allowing the **Gentle Transitions Hospice** to provide hospice care to patient(s) in your facility. We want to insure that we continue to provide quality care to the patients and also meet the facility needs. You can assist in rating our service by responding to the following questions.

Rating Questions	Excellent	Good	Average	Fair	Poor	NA
1. Did the agency provide the service you expected for the patient(s)?	5	4	3	2	1	<input type="checkbox"/>
2. Did agency staff members provide you with adequate updates and information on the patient(s)?	5	4	3	2	1	<input type="checkbox"/>
3. Did the agency provide appropriate communication, documentation and coordination of care ?	5	4	3	2	1	<input type="checkbox"/>
4. Did the patient(s)/families have any concerns or problems with the agency?	5	4	3	2	1	<input type="checkbox"/>
5. Do you feel that the agency met the needs of the facility ?	5	4	3	2	1	<input type="checkbox"/>

Comments/Suggestions for improvement:

Thank you for completing this form. It will provide us with a method to maintain agency quality and to identify and correct any areas needing improvement.

 Signature

 Date