

Dear Dr. _____

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

Rating Questions	Excellent	Good	Average	Fair	Poor
1. Did the agency provide the service you expected for your patient(s)?	5	4	3	2	1
2. Did agency staff members provide you with adequate updates and information on your patient(s)?	5	4	3	2	1
3. Did the agency provide enough written information and documentation to you?	5	4	3	2	1
4. Did your patient(s) have any concerns or problems with the agency?	5	4	3	2	1
5. Do you feel that the agency met the needs of your patient(s)?	5	4	3	2	1
6. What is your over all rating of the agency?	5	4	3	2	1

Any recommendations for improvement? _____

Comments: _____

Signature

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