

Dear \_\_\_\_\_,

Thank you for referring patients to **Gentle Transitions Hospice** for hospice services. We want to ensure that we continue to provide quality care to patients and meet your needs as a referral source. You can assist in rating our service by responding to the following questions.

Rating Questions	Excellent	Good	Average	Fair	Poor	NA
1. Were the intake staff courteous when you called the referral?	5	4	3	2	1	<input type="checkbox"/>
2. Did the agency provide all services/disciplines requested, if not did they assist you in finding the services needed?	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. Did the agency met your needs as a referral source?	5	4	3	2	1	<input type="checkbox"/>

Comments/Suggestions for improvement in referral process: \_\_\_\_\_

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