



Hospice of the North Country

Dear Provider,

Thank you for collaborating with us in providing Hospice care to your patient. To help us evaluate our care and obtain your thoughts about our program, would you please take the time to complete the enclosed questionnaire. Please feel free to add any additional comments you may have for our Agency.

Thank you in advance for your cooperation.

Sherry Miller, RN

Director of Patient Services

The process of admitting your patient to Hospice of the North Country worked well?	Excellent	Good	Fair	Poor	N/A
Hospice of the North Country staff provided notification of patient's condition change(s) in a timely manner?	Excellent	Good	Fair	Poor	N/A
Hospice provided an appropriate amount of information to me about my patients?	Excellent	Good	Fair	Poor	N/A
Medication recommendations and doses requested by Hospice staff were appropriate?	Excellent	Good	Fair	Poor	N/A
Hospice of the North Country provided a variety of skills, services and programs necessary to meet the needs of patient and family?	Excellent	Good	Fair	Poor	N/A
Your patient's physical symptoms were managed effectively by our clinical staff while under Hospice care?	Excellent	Good	Fair	Poor	N/A
Overall communication between Hospice and your office was always professional and courteous?	Excellent	Good	Fair	Poor	N/A
Hospice of the North Country positively influenced the quality of life for your patient and family during end-of-life care?	Excellent	Good	Fair	Poor	N/A
Your overall satisfaction with the services provided by Hospice of the North Country?	Excellent	Good	Fair	Poor	N/A
The likelihood that you would refer future patients to Hospice of the North Country?	Excellent	Good	Fair	Poor	N/A

Additional comments or ways we can improve our services to either you or your patients and families?

Optional Information:

Name (Title) of Responder _____

Date _____

Please contact me at: (tel#) _____ e-mail _____