



FEEDBACK FORMS

2018



FEEDBACK FORM

Northwest Hospice provides specialist care with compassion for those living with life-limiting illnesses in our community.

Our values are engendered in the word CARE, which is at the heart of our service:

C for Compassion.

A for Accountability.

R for Respect.

E for Excellence.

Northwest Hospice welcomes and encourages your feedback on any aspect of the care received in the Service. Your feedback will help us improve our service.

Please circle as appropriate:

Patient Family member Visitor Other _____ (please specify)

How would you rate our service on the following? (Please tick)

	Excellent	Good	Fair	Poor	N/A
Professionalism					
Competence					
Communication					
Respect					
Caring					
Friendliness					
Helpfulness					
Openness					



We welcome any feedback that might help us improve our service. You are asked to consider the following questions?

1. What worked well?

2. What could be improved on?

3. What should always happen every time you or others use this service?

NAME (optional): _____

CONTACT DETAILS (optional): _____

DATE: _____

Thank you for taking the time to complete this comment card.

On occasion, we might like to use some of your comments on our website or other Hospice publications to help promote the Hospice.

Please tick this box if you give your permission for the anonymous use of comments you have made.

