



HONORING WHAT MATTERS MOST

## Referral Satisfaction Survey

Dear: \_\_\_\_\_ Re: Patient \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

We recently collaborated with you on the care of one of your patients. Our goal is to provide exceptional care at the end of life, in collaboration with the patient’s medical team. We would appreciate your feedback on the services we provide you and your patient.

**(Please use the enclosed envelope to return survey)**

	VERY SATISFIED	SATISFIED	NEUTRAL	DISSATISFIED	VERY DISSATISFIED
Timeliness of response to your referral					
Timeliness from referral to admission					
MVH staff provided you with timely updates on changes in patient’s condition					
Professional and courteous communication					
Extent to which symptoms were managed					

Which of the following services did you find helpful to you and/or your patient and family? (Check all that apply)

- MEDICAL CONSULTATION   
  HOME HEALTH AIDE   
  24 HOUR ON-CALL SUPPORT  
 SKILLED NURSING CARE   
  SPIRITUAL CARE   
  MEDICAL EQUIPMENT/SUPPLIES/MEDICATIONS  
 SOCIAL WORK   
  VOLUNTEER SERVICE   
  GRIEF SUPPORT

The following education opportunities are available for you and you staff. Please let us know if you are interested in any of the following:

- Advanced Directives (Including MOLST)   
  Caregiver Support   
  What is Hospice  
 Grief Support   
  Palliative Care

**Based on your overall satisfaction would you recommend Mountain Valley Hospice service to others?  YES  NO**

**Please provide us with any other comments/concerns to help us serve you and your patients better:**

Sincerely,

Celeste Farnham , MSN, RN  
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 Mountain Valley Hospice & Palliative Care  
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