PATIENT PERCEPTION / SATISFACTION SURVEY **Iconic Healthcare Services, Corporation**

You have recently received services from **ICONIC HEALTHCARE SERVICES, CORPORATION**. We want to insure that we met your needs and provided quality care. You can help us by rating our service by responding to the following questions.
Please return this form to our agency.

Questions	Excellent	Good	Average	Fair	Poor	NA
1. Did nurse, therapist, and/or aide provide courteous service?	5	(4)	3	2	1	❑
2. Did the staff explain the care being provided and ask your needs?	5	(4)	3	2	1	❑
3. Do you feel staff members met your needs ?	5	(4)	3	2	1	❑
4. Did the agency provide the service and care that you expected ?	5	4	(3)	2	1	❑
5. Was the staff responsive to your pain and attempted to keep it at an acceptable level ?	(5)	4	3	2	1	❑
Were you told when service changed or was going to end ?	5	(4)	3	2	1	❑
7. Your overall rating of the agency was:	5	(4)	3	2	1	❑

8. Would you recommend this agency to a friend or relative? ☑Yes ❑No

In your opinion, how can the agency improve patient safety?_____

_____

Comments:_____

_____

Please complete this form so we can meet your needs in the future and if a problem exists, can correct it. We are dependent on your input.

Your signature is optional. If you do elect to sign the form, would you allow us to call you to clarify any questions ?

❑Yes ❑No

Thank you for completing this form.

_____ 3/21/12

Signature (optional) Date