Since 1985
J&D ULTRACARE
A Professional Home Care Nursing Agency

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Patient Satisfaction Survey

Improving patient safety and the quality of care we deliver are important goals for this Agency. To assist us in our efforts to do so, we are requesting feedback regarding your current level of satisfaction with our service.

Please complete this short survey and return it to us via fax, email or mail.

Services Received: ___ **Intermittent Skilled Nursing Visits** ___ **Private Duty Continuous Care**

How long have you been receiving services from J&D Ultracare?

___ **Less than 1 year** ___ **1-2 years** ___ **3-5 years** ___ **More than 5 years**

	YES	NO
Are you currently receiving services from J & D Ultracare?	____	____
The expectations for the care, treatment and services provided to you / your child met and /or continue to be met?	____	____

Do you feel our staff is/ was knowledgeable and accessible to answer your questions and/or resolve issues as they arise?

A: Field Staff	____	____
B: Office Staff	____	____
C: On Call Staff	____	____

Are you/ were you treated in a professional respectful and supportive manner by our staff?

A: Field Staff	____	____
B: Office Staff	____	____
C: On Call Staff	____	____

Would you recommend J&D Ultracare to others? ____ ____

How can this Agency improve patient safety?

_____

_____

How can this Agency improve upon our service delivery?

_____

_____

Name (Optional): _____ Date: _____