

Referral Source Satisfaction Survey

Progressive Care Network is very committed to ensuring satisfaction and quality of care. If you would take the time to complete the following survey and return it in the attached self addressed envelope, it would help us to improve our services and ensure that we meet your expectations. Your assistance is very much appreciated. Please rate your satisfaction or dissatisfaction with each of the following by circling the number which best reflects your opinion. Please mark not applicable for those questions that do not apply.

	Strongly disagree	Disagree	Neither agree Or disagree	Agree	Strongly agree	Not applicable
The staff was knowledgeable, courteous, and helpful.	-2	-1	0	1	2	3
The Progressive Nurse Liaison is available to see patients as needed	-2	-1	0	1	2	3
PCN Home Health/Equipment/Supply company's provide needed options	-2	-1	0	1	2	3
Phone Calls are handled promptly and courteously	-2	-1	0	1	2	3
Services were provided as requested.	-2	-1	0	1	2	3
Referral Process was easy and streamlined	-2	-1	0	1	2	3
PCN provides wide access to a variety of Services	-2	-1	0	1	2	3
After hours calls are answered promptly	-2	-1	0	1	2	3
I would use Progressive Care Network for future needs	-2	-1	0	1	2	3

Comments:
