



Pennyroyal Hospice is dedicated to providing excellent patient care. To accomplish this we need your help in identifying **what we are doing right** and **what needs improvement**. Please take a few minutes to fill out this survey and return it as soon as possible. You may also access this survey on our website: www.pennyroyalhospice.com Click on "For Physicians". Thank you.

How often did the hospice team keep you informed about your patient(s) condition?

- Always
- Usually
- Sometimes
- Never

Overall, how would you rate the care your patient(s) received while under the care of hospice?

- Excellent
- Good
- Fair
- Poor

Based on the care your patient(s) received, how do you feel their pain was managed?

- Well managed
- Managed
- Fairly managed
- Poorly managed

Based on the care your patient(s) received, would you recommend our hospice services to others?

- Yes
- No

Do you have any other suggestions to improve our services to you and to your patient(s)?

Referring physician surveyed: _____

Date: _____

Pennyroyal Hospice encourages its referring physicians to voice concerns. Please contact Judy Stephenson, Clinical Director, at any time.