**ERG HOME HEALTH PROVIDER, INC.**

PATIENT SATISFACTION SURVEY

PATIENT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. HOW DO YOU FIND OUR SERVICES FROM ERG HOME HEALTH PROVIDER, INC.?

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1. ARE OUR DOCTORS, NURSES, THERAPISTS, SOCIAL WORKERS PUNCTUAL TO APPOINTMENTS?

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1. ON A SCALE OF 1-5, 1 BEING THE WORST AND 5 THE BEST, HOW WOULD YOU RATE ERG HOME HEALTH PROVIDER, INC.?

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1. IS THERE ANYTHING WE NEED TO IMPROVE IN OUR SERVICES? IF SO, WHAT ARE THEY?

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1. DO YOU NEED ANY ADDITIONAL SUPPLIES? IF SO, WHAT ARE THEY?

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1. WOULD YOU RECOMMEND ERG HOME HEALTH PROVIDER, INC. TO YOUR FRIENDS & FAMILY?

YES NO

500 N. CENTRAL AVE., SUITE #440

GLENDALE, CA 91203

PHONE: 818-476-0067

FAX: 818-247-2019

[www.erghomehealth.com](http://www.erghomehealth.com)

**ERG HOME HEALTH PROVIDER, INC.**

ENCUESTA DE SATISFACCION

NOMBRE DE PACIENTE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FECHA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. COMO ENCUENTRA USTED LOS SERVICIOS DE SU PROVEEDOR ERG HOME HEALTH PROVIDER, INC.?

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1. ESTAN NUESTROS MEDICOS, ENFERMEROS, TERAPEUTAS, TRABAJADORES SOCIALES PUNTUALES A LAS CITAS CON USTED?

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1. EN UNA ESCALA DE 1 AL 5, EL 1 SIENDO EL PEOR Y EL 5 EL MEJOR, COMO NOS EVALUA USTED?

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1. HAY ALGO QUE NECESITEMOS PARA MEJORAR NUESTROS SERVICIOS DE ERG HOME HEALTH PROVIDER, INC.?

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1. HAY ALGO ADDICIONAL QUE NESESITA USTED? (EJ. MAS TERAPIAS)

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1. RECOMENDARIA ERG HOME HEALTH PROVIDER, INC. A SUS FAMILIARES Y AMIGOS?

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