



Name (optional): \_\_\_\_\_

Date: \_\_\_\_\_

All of us at Aurora Santa Rosa Hospital appreciate the trust you have given by referring patients to us for mental health treatment. In our continued effort to better serve you and your clients, we would appreciate your feedback. Please take a moment to fill out this brief survey and return it to us. Read each statement and check off the appropriate box. If not applicable, please leave blank. Your response will be of value in helping us maintain standards of excellence. Fax completed form to 707-800-7799 or email to david.drum@aurorabehavioral.com. Thank you!

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<b>1. Admission Process</b>					
I was notified of my referral's admission to the program.					
The referral process was generally easy, hassle free, and timely.					
<b>2. Treatment Program</b>					
I was satisfied with the care given to my client.					
The clinical staff is knowledgeable and treatment appropriate for my referral.					
<b>3. Customer Service</b>					
The telephone was answered promptly when I called and I was able to get the information I needed.					
The staff was professional and responsive.					
The staff was helpful, courteous, and friendly.					
<b>4. Communication</b>					
I was satisfied with the written/verbal clinical communications from staff about my client.					
The case manager for my referral was responsive and helpful.					
My phone calls were returned promptly.					
<b>5. Discharge Process</b>					
I received a discharge plan for my referral.					
I was given an adequate advance notice of my referral's discharge from the program.					
I received a discharge summary of my referral's discharge from the program.					
<b>6. Overall</b>					
I would recommend this program to a friend or family member.					
I will refer others to the program in the future.					

Make any comments or recommendations you would like to share. Please mention any employee you would like to recognize for outstanding performance. If you need additional space continue on the back.

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