



# PCAT Facility Survey

To ensure that PCAT continues to provide you and your patients the best medical care, we would appreciate you to take just a few minutes to comment on the service you have just received. Please complete our survey to the best of

your ability and fax or mail back to our office. We will be having a weekly drawing for those that complete the form. PCAT will also have a monthly Grand Prize of two tickets to any play at the Indiana Repertory Theatre. Winners will be posted on our website or Facebook page.

Name: \_\_\_\_\_

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

Facility: \_\_\_\_\_

Occupation: \_\_\_\_\_

## Staff Questions

1-Poor 2-Fair 3-Average 4-Good 5-Excellent

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1. Did PCAT arrive on time or in a timely manner?                  | 1 | 2 | 3 | 4 | 5 |
| 2. Did you feel that all personnel presented a professional image? | 1 | 2 | 3 | 4 | 5 |
| 3. Did PCAT staff greet you and/or with their name?                | 1 | 2 | 3 | 4 | 5 |
| 4. Did all PCAT personnel have their name badges visible?          | 1 | 2 | 3 | 4 | 5 |
| 5. Was PCAT staff courteous / friendly / compassionate?            | 1 | 2 | 3 | 4 | 5 |

## Patient Care

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1. Did PCAT personnel address all medical needs?                  | 1 | 2 | 3 | 4 | 5 |
| 2. Were all procedures / assessment explained before performed?   | 1 | 2 | 3 | 4 | 5 |
| 3. Did PCAT staff give pt call light and bed controls?            | 1 | 2 | 3 | 4 | 5 |
| 4. Did PCAT staff offer to remove all extra linens from under pt? | 1 | 2 | 3 | 4 | 5 |
| 5. Did facility staff receive verbal report on pt condition?      | 1 | 2 | 3 | 4 | 5 |
| 6. Did PCAT staff leave you with all required paperwork?          | 1 | 2 | 3 | 4 | 5 |

## Patient / Staff

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1. Can you rate your overall PCAT experience?        | 1 | 2 | 3 | 4 | 5 |
| 2. Can you rate your likelihood of using PCAT again? | 1 | 2 | 3 | 4 | 5 |

Comments: \_\_\_\_\_

Can we use your name and kind comments on promotional materials? Yes No

Date of Service: \_\_\_\_\_

PCAT Crew Members: \_\_\_\_\_ & \_\_\_\_\_

Transport from: \_\_\_\_\_ to: \_\_\_\_\_

Please fax back to (765) 453-6382 Mail to: PCAT; 216 Corwin Lane; Kokomo, IN 46902  
Please visit our website at [pcat-ems.com](http://pcat-ems.com) and become a PCAT Facebook friend!