



**REFERRAL SOURCE SATISFACTION SURVEY ----TM Code\_\_\_\_\_**

Date\_\_\_\_\_

Dear \_\_\_\_\_

Program \_\_\_\_\_

We at Millwood Hospital & Excel Center appreciate the trust you have given us by referring patients to us for mental health treatment. In our continued commitment to better serve you and your clients, we would appreciate your feedback. Please take a moment to fill out this brief questionnaire and return it to us.

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|----|---|-----|----|
| 1. | Overall, I am satisfied with the care given to my clients.                                | Yes | No |
| 2. | Written and/or verbal clinical communications from the staff are informative and helpful. | Yes | No |
| 3. | The staff is helpful and professional.  | Yes | No |
| 4. | The referral process is generally easy and hassle free.                                   | Yes | No |
| 5. | The telephone is generally answered promptly when I call.                                 | Yes | No |
| 6. | I would be willing to refer others to your facility.                                      | Yes | No |
| 7. | I was notified regarding my referrals admission to the program.                           | Yes | No |
| 8. | The person I referred received adequate treatment.  | Yes | No |
| 9. | I received a sufficient one page after care plan within two weeks after discharge.        | Yes | No |

If you answered “NO” to any of the statements above, please comment below. Also, any additional suggestions and/or comments are appreciated.

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Please fax or mail your response to John Flanagan at fax 817-404-2272. We have included a self addressed envelope for your convenience.

Should you have any questions or need to discuss any issues with us, please feel free to contact John Flanagan at 817-404-2222. Thank you for the valuable feedback and for referring your client(s) to us.

Sincerely,

Wayne Hallford, CEO

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Your Name \_\_\_\_\_ Organization \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

<p><i>Please contact me about participating in the Millwood Hospital Referral Network.</i></p>	<p>Yes    No</p>
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-ACCREDITED BY THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS-

Re: \_\_\_\_\_