



# Arthur Rank Hospice Charity

*making every moment count*

## **Arthur Rank Hospice Service Feedback Form**

Please answer the following questions by placing a tick in the appropriate box:

- Are you a
- Patient
  - Relative
  - Carer
  - Professional
  - Visitor
  - Other

Which service(s) have you used?

- Inpatient Unit
- Hospice at Home
- Specialist Palliative Care Team
- Day Therapy
- Complementary Therapies
- Medical Team
- Lymphoedema Clinic
- Chaplaincy
- Bereavement Support
- Psychologists
- Pain Management Group
- Arthurs Shed
- Bistro

How likely are you to recommend our service to friends and family? please tick one box to answer)

Extremely likely	Likely	Neither likely nor unlikely	Unlikely	Extremely unlikely	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Please give below any comments you have on the service you received and how you think this could be improved (If you would like someone to contact you to discuss your experience please provide details).

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If you would like to be involved in helping us continually improve our services and join our Hospice User Group, please leave your contact details.

Name: .....

Email: .....

Telephone: .....

**Thank you for your time.  
Please give this form to Reception.**