

Pulmonary Rehabilitation

Because we value feedback, we are asking you to rate your experience as a patient. We use the feedback you provide through this survey to improve our services. Our goal is to provide you with the highest quality of care. Please share your registration and enrollment experience by circling the appropriate answer and providing written feedback.

	Excellent	Very Good	Good	Fair	Poor
1. Ease of enrolling in our program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Communication during the enrollment process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Enrolled you in a timely manner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Ease of scheduling a time convenient for you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Were your benefits explained to you before your first visit to cardiac or pulmonary rehab?		<input type="radio"/> yes	<input type="radio"/> no		

Please provide any further input or comments to assist us in improving our registration and enrollment process.

For Staff Use Only:

Intake Date: _____

Start Date: _____