

Patient Feedback Form

Here at Hilton Nursing Partners we are a learning partnership organisation. It is with your welcome feedback that our services grow and develop into just the right mix of person centred support.

Please provide us with 10 minutes of your time and help us to continue to learn and develop by sharing your experience of using our service by completing the short questionnaire below.

Name (Optional):

Signature:

Town:

Postcode:

Date:

Discharge Date:

1 Did Hilton Nursing Partners provide enough information?

😊 Yes 😞 No 😐 Don't Know

2 Did the visits made support your needs?

😊 Yes 😞 No 😐 Don't Know

3 Were you involved as much as you wanted to be in decisions about your care and treatment?

😊 Yes 😞 No 😐 Don't Know

4 Did you feel you were treated with respect and dignity whilst in our care?

😊 Yes 😞 No 😐 Don't know

5 How likely are you to recommend our service to friends and family if they needed similar care?

Not at all likely Not so likely Somewhat likely
 Very likely Extremely likely



6 Overall, how would you rate the service provided (please tick, and make any comments below)

Excellent Very Good Good Adequate Poor

Comments:

Please tick this box to confirm that we can contact you by telephone at a later date to learn from your experience to support us in developing our service

😊 Yes ☹️ No

Once complete press the send button where it will be sent to a dedicated member of our customer service team. If you prefer, download, complete, and email to welisten@hiltonnursingpartners.org.uk or find the feedback form in your welcome pack where you can complete and post in the envelope provided.

Your comments and suggestions are very important to us, we take them very seriously and value the important contribution they make.

Thank you very much for taking the time to share your views with us.

