



Air Medical Transport Survey

Paramedic	<p><i>EHS LifeFlight is continuing to identify methods of improving our service. One method is through hospital/agency feedback.</i></p> <p><i>We would appreciate your valued participation by completing our survey and returning it to the EHS LifeFlight office.</i></p> <p><i>Return this form by fax: 902-873-3987, email: ehslifeflight@emci.ca or by using the enclosed self-addressed stamped envelope. Your comments are greatly appreciated. Thank you!</i></p> <p><i>Your comments are greatly appreciated. Thank you!</i></p> <p><i>For further information on EHS LifeFlight, please visit our web site at www.ehslifeflight.ca.</i></p>
Patient Name:	
Hospital: Unit:	
Date of Transport:	
Survey Completed by:	

1) The dispatch process was efficient and easy to follow. Comments:	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Disagree
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2) The ETA provided was accurate. Comments:	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Disagree
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3) The Air Medical Crew and pilots were professional and courteous. Comments:	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Disagree
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4) The patient and equipment was moved safely and efficiently. Comments:	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Disagree
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EHS LifeFlight, 637 Barnes Drive, Enfield, NS B2T 1K3 (902) 873-3657