



## Air Medical Transport Survey

<b>Receiving Centre</b>		<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 style="text-align: center;"><b>Return this form by fax: 902-873-3987, email: <a href="mailto:ehslifeflight@emci.ca">ehslifeflight@emci.ca</a> or by using the enclosed self-addressed stamped envelope. Your comments are greatly appreciated.</b></p> <p style="text-align: center;"><b>Thank you!</b></p> <p style="text-align: center;"><i>Your comments are greatly appreciated. Thank you!</i></p> <p style="text-align: center;"><i>For further information on EHS LifeFlight, please visit our web site at <a href="http://www.ehslifeflight.ca">www.ehslifeflight.ca</a>.</i></p>
Patient Name:		
Hospital:	Unit:	
Date of Transport:		
Survey Completed by:		
1) The ETA provided was accurate. <b>Comments:</b>	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Disagree	
2) On arrival the report of the patient's overall condition was accurate. <b>Comments:</b>	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Disagree	
3) The Air Medical Crew was courteous and professional. <b>Comments:</b>	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Disagree	