



## Air Medical Transport Survey

<p style="text-align: center; color: blue;"><b>Referring Scene EMS</b></p> <p><b>Patient Name:</b></p> <hr/> <p><b>Scene Location:</b></p> <hr/> <p><b>Date of Transport:</b></p> <hr/> <p><b>Survey Completed by:</b></p>	<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: <b>902-873-3987</b>, 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>Thank you!</b></i></p> <p><i>Your comments are greatly appreciated. <b>Thank you!</b></i></p> <p><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>				
<p>1) The dispatch process was efficient and easy to follow. <b>Comments:</b></p>	<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Strongly Agree</td> <td><input type="checkbox"/> Disagree</td> </tr> <tr> <td><input type="checkbox"/> Agree</td> <td><input type="checkbox"/> Strongly Disagree</td> </tr> </table>	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Disagree
<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Disagree				
<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Disagree				
<p>2) The ETA provided was accurate. <b>Comments:</b></p>	<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Strongly Agree</td> <td><input type="checkbox"/> Disagree</td> </tr> <tr> <td><input type="checkbox"/> Agree</td> <td><input type="checkbox"/> Strongly Disagree</td> </tr> </table>	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Disagree
<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Disagree				
<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Disagree				
<p>3) The Air Medical Crew and pilots were professional and courteous. <b>Comments:</b></p>	<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Strongly Agree</td> <td><input type="checkbox"/> Disagree</td> </tr> <tr> <td><input type="checkbox"/> Agree</td> <td><input type="checkbox"/> Strongly Disagree</td> </tr> </table>	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Disagree
<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Disagree				
<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Disagree				
<p>4) The patient and equipment was moved safely and efficiently. <b>Comments:</b></p>	<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Strongly Agree</td> <td><input type="checkbox"/> Disagree</td> </tr> <tr> <td><input type="checkbox"/> Agree</td> <td><input type="checkbox"/> Strongly Disagree</td> </tr> </table>	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Disagree
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