

Please deposit this form in designated boxes located at all entrances of Misericordia Health Centre and at Misericordia Place.

OR mail to:

Patient Representative  
Misericordia Health Centre  
99 Cornish Avenue  
Winnipeg, Manitoba  
R3C 1A2

OR fax to:

204-783-6052



**MISERICORDIA**

H e a l t h • C e n t r e

*The future of care*

## **WE CARE WHAT YOU THINK**

Your opinion is important to us.  
Please take a few minutes to  
complete this form.

- I would like to receive emails from the Misericordia Health Centre Foundation about events, programs and fundraising campaigns.

Email: \_\_\_\_\_

Information on this form is  
considered confidential.

Date of Visit: \_\_\_\_\_

Time: \_\_\_\_\_

Department/Program/Unit Involved:  
\_\_\_\_\_

Overall, my experience while at  
Misericordia Health Centre has been  
*(0 - very poor experience, 10 - very good  
experience)*

0    1    2    3    4    5

6    7    8    9    10

What went especially well with the  
care you received?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What will improve your overall  
experience at Misericordia Health  
Centre? *(please describe in as much detail  
as possible)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Overall, do you feel you have been  
treated with dignity & respect while you  
were in Misericordia Health Centre?  
*(being seen & treated as a unique & valued  
individual, without judgement)*

\_\_\_\_\_ Yes, always

\_\_\_\_\_ Yes, sometimes

\_\_\_\_\_ No

If no, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who completed this form? *(Resident,  
Patient, Family Member, Friend, Staff, Other)*

\_\_\_\_\_

If you wish to discuss your  
recommendations/comments please  
provide:

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_