

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

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

Email: _____



MISERICORDIA

Health • Centre

The future of care

WE CARE WHAT YOU THINK

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

Information on this form is
considered confidential.

Date of visit: _____

Time: _____

Department/Program/Unit involved:

Overall, how would you rate the care/
service received?

_____ excellent

_____ very good

_____ good

_____ fair

_____ poor

What went especially well with the
care you received?

If you could recommend one
improvement, what would it be?

Did you feel respected by our staff?

Y / N

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: _____