



## POST ADMISSION SURVEY

Client's NAME: \_\_\_\_\_

Date: \_\_\_\_\_

1	After, were you notified that you were to receive a call from the Agency in a timely manner to set up your initial visit?	Yes	No
2	Did your admitting professional give you the telephone number and contact person at the agency in case you had any questions or concerns, including after hours information?	Yes	No
3	Did you participate in your plan of care?	Yes	No
4	Did you receive information on your Bill of Rights including the State Hotline number to call if you have complaints?	Yes	No
5	Did the agency admitting nurse present in a professional appearance?	Yes	No
6	Did the nurse wear a name tag and introduce themselves as a representative of the agency and explain their role?	Yes	No
7	Did the nurse leave a folder with information about your care in your home?	Yes	No
8	Do you understand the services that your doctor ordered?		
9	Did the nurse take your temperature, pulse, respirations and blood pressure?	Yes	No
10	Did the nurse wash their hands before and after caring for you?	Yes	No
11	Did the nurse teach you about:	Yes	No
	* Your medication?	Yes	No
	* Signs and Symptoms to report to the doctor?	Yes	No
	* Your diet?	Yes	No
	* Safety?	Yes	No
	* Client information handbook?	Yes	No
12	Did you feel the nurse answered your questions appropriately?	yes	No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE RETURN THIS SURVEY TO THE OFFICE  
THANK YOU FOR HELPING US IMPROVE OUR SERVICES