



CAROLINA DUNES
BEHAVIORAL HEALTH

Referral Source Satisfaction Survey

Date:

Name: (Optional)

All of us at CDBH appreciate the trust you have given us by referring patients to us for mental health treatment. In our continued effort to better serve you and your clients, we would appreciate your feedback. Please take a moment to fill out this brief survey and return it to us. Read each statement or question circle the appropriate number (10 being best and 1 being worst). If not applicable, please leave blank. Your response will be of value in helping us maintain standards of excellence. Thank you!

1. Admission Process	Rating									
I was notified of my referral's admission to the program.	1	2	3	4	5	6	7	8	9	10
The referral process was generally easy, hassle free, and timely.	1	2	3	4	5	6	7	8	9	10
2. Treatment Program										
How satisfied are you with the care given to your client?	1	2	3	4	5	6	7	8	9	10
The clinical staff is knowledgeable and treatment appropriate for my referral.	1	2	3	4	5	6	7	8	9	10
3. Customer Service										
The telephone was answered promptly when I called and I was able to get the information I needed.	1	2	3	4	5	6	7	8	9	10
The staff was professional, and responsive.	1	2	3	4	5	6	7	8	9	10
The staff was also helpful, courteous and friendly.	1	2	3	4	5	6	7	8	9	10
4. Communication										
How would you rate the written/verbal clinical communications for our staff about your client?	1	2	3	4	5	6	7	8	9	10
The case manager for my referral was responsive & helpful.	1	2	3	4	5	6	7	8	9	10
My phone calls were returned promptly.	1	2	3	4	5	6	7	8	9	10
5. Discharge Process										
I received a discharge plan for my referral.	1	2	3	4	5	6	7	8	9	10
I was given an adequate advance notice of my referral's discharge from the program.	1	2	3	4	5	6	7	8	9	10
I received a discharge summary of my referral's discharge from the program.	1	2	3	4	5	6	7	8	9	10
6. Overall										
I would recommend this program to a friend or family member.	1	2	3	4	5	6	7	8	9	10
I will refer others to the program in the future.	1	2	3	4	5	6	7	8	9	10
7. Make any comments or recommendations you would like to share. Please mention any employee you would like to recognize for outstanding performance. If you need additional space continue on the back.										