



MISERICORDIA

Health Centre

The future of care

www.misericordia.mb.ca

Please deposit this form in one of the boxes outside the cafeteria, in Urgent Care, on the overpass or in designated boxes at Misericordia Place.

OR mail to:

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

OR fax to:
204-783-6052

caring.respect.trust

WE CARE WHAT YOU THINK

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

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?

Comments:

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

Do you wish to discuss your recommendations/comments?
__ yes __ no

Name: _____

Telephone: _____

Email: _____

Information on this form is considered confidential.