



Complete and print, then submit this Ontario Health atHome Feedback Form to:

Via Fax: 905-444-2530 Attn: Patient Relations

Email: CE.PatientRelations@hccontario.ca

Via Mail: Ontario Health atHome, Whitby Branch, 920 Champlain Court,
Whitby, ON L1N 6K9 Attn: Patient Relations

Phone: (905) 430-3308, ext. 2273

How Did We Do Today?

At Ontario Health atHome, we are committed to leading the advancement of an integrated sustainable health care system that ensures better health, better care and better value. Your feedback is important to us.

We are asking you for your feedback to make the services we provide even better. Whether you are a current or past patient or a family member and/or caregiver to a home and community care patient, sharing your experiences will tell us how we can do a better job. Please provide your feedback as many times as you wish based on your experience on each of the different days. We will only know how good of a job we are doing if we hear from you!

Are you:

Patient Former Patient Family / Friend of a patient Caregiver

What service did you or your family member/friend receive today?

Nursing Personal Support Therapy Nursing care at our Nursing Clinic
 Care Coordinator Nurse Practitioner Other

Overall, how would you rate your experience:

Excellent Very Good Good Poor Unacceptable

What did we do well?

What could we have done better?

Name (optional):

If you would like a member of our team to follow up with you, please provide your contact information below:

Name:

Telephone Number:

Email Address: