



**Client Satisfactory Survey**

We hope your experience with Synergy has been a positive one. To help us better serve you, please complete this survey and return it to us at your convenience. Thank you!

Name (optional)	ROBERT SIEMERS
Date	9-25-09
Name of Clinician(s)	RICHARD SAMODIEGO

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The staff treated me and my family with respect.	X				
The staff taught me what I needed to know about my condition.	X				
The staff paid attention to my concerns.	X				
When I called the office, I received the help needed.	X				
I was included in planning my discharge from home health care.	X				
The staff explained my rights and responsibilities.	X				
I would choose Synergy HHC again.	XX				

**Additional comments:**

*Richard was so kind + courteous to us, during my husband being very ill. Richard would call always showed concern + kept us updated on his lab work. He would advise us to call him when he felt necessary. We would have been lost without him. He should be commended for his outstanding work.*

**I received the following services: (Please check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Skilled Nursing            | <input type="checkbox"/> Occupational Therapy  |
| <input checked="" type="checkbox"/> Home Health Aid | <input type="checkbox"/> Speech Therapy        |
| <input type="checkbox"/> Physical Therapy           | <input type="checkbox"/> Medical Social Worker |