Annual Satisfaction and Needs Assessment

Our Corporate Quality Improvement Program is an essential part of our hospital. It is our mission to provide you with the services that help preserve your clients quality of life. Please complete and fax back to the corporate office at **337-721-1976.**

Date _____ Staff Member : _____

Name / Referral Source: _____

Address: _____

City: _____ State _____ : Zip Code: _____

Phone #: (_____) _____ Fax #: (_____) _____

If applicable, please provide updated information for our records:

Administrator: _____ DON: _____

Social Services Director _____ Medical Director: _____

Physicians Office Manager: _____ Nurse: _____

Case Manager(s) _____

Are you familiar with the services provided by **Oceans Behavioral Hospital**?

What are your inpatient and outpatient needs for your clients?

How often do you utilize these types of services?

What behavioral issues do your residents/clients exhibit that may require the benefits of an inpatient or outpatient program?

Which inpatient and/or outpatient programs do you prefer or refer to? Why?

Has **Oceans** had the privilege of treating any of those individuals? Can you give a summary of the entire experience?

What can **Oceans Behavioral Hospital** do to better serve your patients psychiatric needs?

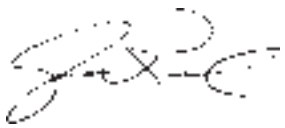
Oceans Behavioral Hospital offers many services to your patients, we provide on site evaluations, transportation to and from our facility, weekly updates, and follow up visits upon discharge. Are there any other services that would make the referral or treatment process easier for you? If we have treated your clients in the past, were all of the above services provided in a professional manner?

Do you or your clients desire additional education on the latest psychiatric treatments and/or options? If so, please list topics below and we will schedule dates and times for in servicing your staff.

Have you received Ocean's monthly newsletter, The Wave, spotlighting informative mental health topics? If not, and you would like to be added to our mailing list please check the "I want the Wave" checkbox below.

This survey is conducted for the sole purpose of providing the highest quality of services for our patients, any positive or negative feedback is greatly appreciated.

Thank you,



Jason Reed, President/CEO
www.ohcg.info

☐ **I want the Wave!**

CEO Wants to Know

I want to know any questions, concerns, comments, compliments, and suggestions. I will receive and personally review every email in complete confidentiality. Log on to **www.ohcg.info** and let your voice be heard.