



We greatly welcome visitor feedback regarding the timeliness and quality of the service you received at Paulding County Hospital.

Our goal is to provide “Outstanding Patient Care”. Please help us reach and maintain this goal by filling out and returning this form. We understand that your time is valuable and we thank you for taking the time to fill out our evaluation.

Please return to:

Paulding County Hospital
Attn: Public Relations
1035 W. Wayne St.
Paulding, OH 45879

**How
Are We
Doing?**

**1035 W. Wayne St.
Paulding, OH 45879
419-399-4080**

Patient Name:

Dept. / Test Performed

Date Seen

How was the registration process?

Were you seen promptly?

We want to make sure you were satisfied with your visit to the hospital. How was your care while you were at the hospital?

We like to recognize our employees for doing an excellent job . . . who did an excellent job for you while you visited our hospital?

Can you tell us why they were excellent?

We are always looking to get better. Do you have any suggestion for what we could do to be even better?

Would you refer friends and family members to Paulding County Hospital ?

Why or why not?
