

# Gentry Health Services Annual Patient Satisfaction Survey

Thank you for allowing Gentry Health to provide you with our pharmacy services. The trust and confidence you have placed in our services is taken with great pride and we understand the responsibility of maintaining it. With that in mind, please take a few minutes to give us feedback on your experience so that we can continue to improve our services.

## How was your experience?

Please place an "X" in the corresponding box below for your answer to each question. In order for Gentry Health to improve the experience of its patients, we request that you please explain any question that you score "Disagree" or less as your response in the comment section below.

Your completed form can be submitted:

- **Online:** GentryHealthServices.com • **Fax:** 1-844-329-2447 • **Email:** AskGentry@GentryHealthServices.com
- **Mail:** Gentry Health Services, 333381 Walker Road, Suite A, Avon Lake, Ohio 44012

Strongly Agree  
Agree  
Neutral  
Disagree  
Strongly Disagree  
N/A

The staff at Gentry Health Services explained things in a manner that was easy for me to understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The staff at Gentry Health Services listens to me carefully and treats me with courtesy and respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gentry Health Services contacts me in a timely manner each month to schedule my medication refill.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When talking with a pharmacist about a new prescription filled at Gentry Health Services, I felt confident in knowing how to take my medication, what to expect, what to avoid, and what to do if I have a bad reaction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gentry Health Services Patient Care Coordinators routinely ask me if I have any questions or concerns, or if I would like to consult with a pharmacist.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When calling Gentry Health Services I am given the proper amount of time to ask any questions I may have.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am able to readily reach a staff member at Gentry Health Services when I have questions about my medications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gentry Health Services presents materials such as prescription labels and medication information sheets in a format that is easy for me to read and understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gentry Health Services has helped make my medications affordable for me to obtain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, I am satisfied with the support I receive from the staff at Gentry Health Services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, I am satisfied with the service I receive from Gentry Health Services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, I am satisfied with the information provided to me about my specialty medications from Gentry Health Services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, I would recommend Gentry Health Services to my friends and family for their specialty medication needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Tell us how we can do better

How can we improve our services to you? \_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Name (optional): \_\_\_\_\_ Date: \_\_\_\_\_

Phone (optional): \_\_\_\_\_ Best time to call: \_\_\_\_\_