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Feedback

Feedback form

St Nicholas Hospice aims to provide the best possible care for patients, families and carers at a difficult time in their lives. Through listening to people we will be able to improve the services we offer. By completing this feedback form you will be helping us understand the needs of the people we serve. Thank you.

Are you? *

Male

Female

Your connection with the Hospice *

Patient

Relative

Friend

Professional

Participant on education session

Other

If other please specify

Your age

Under 16

17 - 24

25 - 40

41 - 50

51 - 64

65 - 74

75+

Which Hospice department or area are you giving feedback on? *

In Patient Unit

Day Hospice

Macmillan Nurses

Complementary Therapies

Medical Team

Physiotherapy

Occupational Therapy

Chaplaincy

Family Support

Bereavment

Nicky's Way

Time 4 You

Positive Living

Carer's Group

Fatigue Group

Fundraising and Marketing

Shops and Retail

Lottery

Education

Other

If other please specify

What was most helpful?

What was least helpful?

What could we do to improve?

If you would like a reply to your feedback please confirm your email address:

I am happy for my comments to be used for education or publicity *

Yes

No

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