



**"Caring Is Our Profession"**

Certified Emergency Medical Technicians (EMTs), Advanced Emergency Medical Technicians (AEMT), & Licensed Paramedics care for the sick or injured. Their integrity, moral ethics and values are elements which assist their knowledge and skills. Help us provide excellent patient care by completing our survey. Thank you for your time.

Be Safe and Be Well.

### Nelson County EMS

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[www.nelsoncountyems.com](http://www.nelsoncountyems.com)

## Patient Satisfaction Survey

We love feedback. If we're doing something wrong or you had a problem with our service, we'd love to know. After all, that's the only way we can continue to improve. If you have compliments, we would love to know that as well. Our EMS providers work very hard and we would love to pass along positive comments and acknowledge their actions.

If you were recently treated and/or transported by EMS, please give us some feedback by completing this short survey.

**Please Provide the Date of Service:**

Day	Month	Year

**Please Provide the Time of Service:**

HH	Minutes	AM / PM

Did Nelson County EMS Medical Personnel treat you and your family professionally?  
(1 Being the Lowest and 10 Being the Highest)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

How would you rate the care you received? (1 Being the Lowest and 10 Being the Highest)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Did the responding EMS crew answer questions you had or explain your treatment?  
(1 Being the Lowest and 10 Being the Highest)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

How would you rate the appearance of the responding EMS crews?  
(1 Being the Lowest and 10 Being the Highest)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Were you given the choice of which hospital facility you wanted to be taken?

☐ YES ☐ NO

Would you like to be contacted regarding your experience with Nelson County EMS?

☐ YES ☐ NO

*If you would like to be contacted,*

PLEASE PROVIDE YOUR NAME:

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*If you would like to be contacted,*

PLEASE PROVIDE YOUR PHONE:

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*If you would like to be contacted,*

PLEASE PROVIDE YOUR EMAIL:

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DO YOU HAVE ANY COMMENTS  
REGARDING YOUR CARE?

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