

Hospital Patient Shuttle Service Evaluation

Patient Details

Name

Date of Service

Pickup Location

Drop-off Location

Service Evaluation

Timeliness of Shuttle

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5

Cleanliness of Shuttle

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5

Driver Professionalism

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5

Comments / Suggestions

