

Patient Feedback Form

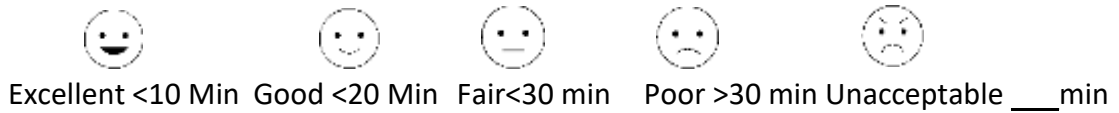
OPD FEEDBACK FORM

We thank you for choosing Hospital Name as your healthcare partner. In order to improve our services we request you to spare some time and give your valuable feedback.

1. Please rate courteous behaviour & promptness of the Billing/reception counter staff.



2. How long did you wait to see the doctor after Billing was done?



3. Please rate your experience with doctors.



4. Please rate your experience with Nursing Staff.



5. Please rate your experience with pathology/laboratory/blood investigation services.



6. Please rate your experience with Hospital Pharmacy Services.



7. Please rate your experience with Hospital Ambiance, washroom cleanliness and waiting area.



CAREGIVER'S AND PATIENTS FEEDBACK FORM

Read the following items and tick (✓) as you feel appropriate. This will be kept confidential and your identity will not be revealed:

NAME:

P/NO:

| # | ITEM | Good | Average | Poor |
|----|--|------|---------|------|
| 1 | Admission process | | | |
| 2 | Explanation on ward routines and policies | | | |
| 3 | Cleanliness: | | | |
| | a) Wards | | | |
| | b) Bathrooms | | | |
| | c) Toilets | | | |
| 4 | Maintenance of bed | | | |
| 5 | Quality of food | | | |
| 6 | Safety and comfort | | | |
| 7 | Maintenance of privacy and dignity during procedures like dressing injection etc | | | |
| 8 | Health education regarding personal hygiene, medication compliance etc.. | | | |
| 9 | Attitude towards patients | | | |
| | a) Doctors | | | |
| | b) Nurses | | | |
| | c) House keeping staff | | | |
| 10 | Response to emergency needs | | | |
| 11 | Discharge process | | | |
| | a) Billing/ Account settlement | | | |
| | b) Discharge summary and prescription | | | |
| | c) Explanation about follow up due medications | | | |
| 12 | Overall satisfaction | | | |

Comments/suggestion:

Signature:

Date:

