

Patient Discharge and Follow-Up Feedback Form

Thank you for choosing our facility. Please take a moment to complete this feedback form regarding your discharge process and follow-up care instructions. This printed form will help us improve our services.

1. Patient and Discharge Information

Patient Full Name:

Date of Discharge (MM/DD/YYYY):

Discharging Ward or Department:

Primary Physician / Care Team:

2. Discharge Process Feedback

Please answer the following questions regarding your discharge experience.

Did the staff explain your discharge instructions clearly? (Type: Yes, No, or Partially):

Were your prescriptions and new medications clearly explained to you? (Type: Yes, No, or Not Applicable):

Did you feel prepared to manage your recovery at home? (Type: Yes, No, or Moderately):

How would you rate the speed of the discharge process? (Type: Excellent, Good, Fair, or Poor):

3. Follow-Up Care and Instructions

Do you know who to contact if you experience medical issues at home? (Type: Yes or No):

Have your follow-up appointments been scheduled? (Type: Yes, No, or Not Sure):

If scheduled, please write the date and time of your next appointment:

Do you have a reliable way to get to your follow-up appointments? (Type: Yes or No):

4. Additional Comments and Suggestions

What went well during your discharge process?

What could we have done to improve your discharge experience?

Any other questions, concerns, or feedback for our staff?

Please hand this completed form to the nursing station before leaving, or mail it back to us using the provided return envelope. Thank you for your feedback!