

Telehealth Consultation Patient Feedback Form

Thank you for participating in our telehealth service. Please take a moment to complete this feedback form to help us improve our virtual care. This form is designed to be printed and filled out by hand.

Patient & Consultation Information

Patient Name:

Date of Consultation:

Healthcare Provider Name:

Technology Platform Used (e.g., Zoom, Phone, Portal):

Consultation Experience

Please rate the following aspects of your visit. Write a number from 1 to 5 (1 = Strongly Disagree, 5 = Strongly Agree) in the space provided.

1. It was easy to connect and access the telehealth consultation.

2. The audio and video connection quality was clear throughout the visit.

3. The healthcare provider communicated clearly and listened to my concerns.

4. I felt my personal health information and privacy were protected.

5. Overall, I am satisfied with the quality of care received during this virtual visit.

Future Telehealth Use

Would you choose to use telehealth services again in the future? (Yes / No / Undecided):

Comments and Suggestions

What did you like most about your telehealth consultation?

What could we do to improve your virtual healthcare experience?

Any additional comments or questions?