

# Patient Feedback and Suggestion Form

Your feedback is highly valuable to us. Please take a few moments to complete this form. This template can be printed and filled out by hand, or filled out digitally.

## 1. Patient Information

Full Name:

Date of Visit:

Phone Number:

Email Address:

Department / Doctor Visited:

## 2. Service Rating

Please write your rating for the following areas (Excellent, Good, Fair, or Poor):

Friendliness of the Staff:

Cleanliness of the Facility:

Wait Time:

Quality of Medical Care:

## 3. Comments and Suggestions

What did you find most satisfactory during your visit?

  

What areas do you feel we could improve upon?

  

Please share any other suggestions or feedback:

  
  

Thank you for helping us improve our patient care experience.