

Specialist Consultation Experience Evaluation Form

Thank you for taking the time to complete this evaluation. Your feedback helps us improve our specialist services. Please fill out this form using a pen or by typing in the fields before printing.

1. General Information

Patient Name:

Date of Consultation:

Specialist Name:

Specialty / Department:

2. Consultation Experience Rating

Please rate the following aspects of your visit by entering a score from 1 to 5 (1 = Poor, 2 = Fair, 3 = Good, 4 = Very Good, 5 = Excellent).

Evaluation Criteria	Rating (1 - 5)
Ease of scheduling the appointment:	<input type="text"/>
Waiting time at the clinic before being seen:	<input type="text"/>
The specialist listened attentively to your concerns:	<input type="text"/>
The specialist explained diagnoses and treatments clearly:	<input type="text"/>
Courteousness and respect shown by the specialist:	<input type="text"/>
Helpfulness and professionalism of the clinic staff:	<input type="text"/>
Cleanliness and comfort of the consultation environment:	<input type="text"/>
Your overall satisfaction with the consultation:	<input type="text"/>

3. Comments and Feedback

What did you appreciate most about your consultation experience?

In what areas could we improve the specialist consultation experience?

Any additional comments or notes:

For Office Use Only:

Reviewed By: Date: