

# Hospital and Clinic Visitor Feedback Sheet

Thank you for visiting our facility. Please take a moment to fill out this feedback sheet to help us improve our services. You may fill this out digitally before printing.

## 1. Visitor Information

Full Name:

Date of Visit:

Department / Clinic Visited:

Contact Number or Email:

## 2. Service Evaluation

Please rate the following aspects of your visit by writing Excellent, Good, Fair, or Poor in the space provided.

Ease of scheduling the appointment:

Wait time before seeing the doctor:

Friendliness and professionalism of the staff:

Clarity of explanations from medical providers:

Cleanliness and hygiene of the facility:

Overall experience:

## 3. Comments and Suggestions

What did we do well during your visit?

What areas could we improve upon?

Any additional comments or specific staff members you would like to commend?

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**For internal use only:**

Received By (Staff Name):  Action Taken: