

Outpatient Experience Feedback Questionnaire

Thank you for choosing our clinic. Please take a moment to fill out this feedback questionnaire about your recent outpatient visit. Your response helps us improve our services. You can print this page and fill it out by hand.

1. General Information

Date of Visit:

Department / Clinic Name:

Name of Healthcare Provider Seen:

2. Visit Evaluation

Please rate the following aspects of your visit by writing a number from 1 (Poor) to 5 (Excellent) in the space provided:

Ease of scheduling your appointment:

Wait time at the reception / waiting room:

Cleanliness and comfort of the facility:

Courtesy and helpfulness of the registration staff:

The provider's explanation of your treatment and care:

3. Your Feedback

What went well during your outpatient visit?

What can we do to improve your experience?

4. Contact Information (Optional)

If you would like us to contact you regarding your feedback, please provide your details below.

Full Name:

Phone Number:

Email Address: