Patient Survey

Provider Information:

Name of Healthcare Provider/Facility: _____ **Contact Information:** _____

Dear Patient,We value your feedback and aim to enhance our services. Kindly take a few minutes to complete this survey to help us better understand your experience and improve your care.

SECTION 1: APPOINTMENT EXPERIENCE

How satisfied were you with the ease of scheduling your appointment?

- ◯ Very Satisfied
- ◯ Satisfied
- ◯ Neutral
- ◯ Unsatisfied
- ◯ Very Unsatisfied

Did the receptionist/booking process provide clear information?

◯ Yes ◯ No ◯ Not Applicable

SECTION 2: CARE QUALITY

Rate your interaction with the healthcare provider (e.g., doctor, nurse):

◯ Excellent ◯ Good ◯ Fair ◯ Poor

Were your medical concerns addressed to your satisfaction?

◯ Completely ◯ Mostly ◯ Somewhat ◯ Not at All

SECTION 3: FACILITY AND ENVIRONMENT

Rate the cleanliness and comfort of the facility:

◯ Excellent ◯ Good ◯ Fair ◯ Poor

Were waiting times reasonable?

- ◯ Very Reasonable
- ◯ Reasonable
- ◯ Neutral
- ◯ Unreasonable
- ◯ Very Unreasonable

SECTION 4: OVERALL SATISFACTION

How satisfied are you with the care you received overall?

- ◯ Very Satisfied
- ◯ Satisfied
- ◯ Neutral
- ◯ Unsatisfied
- ◯ Very Unsatisfied

SECTION 5: ADDITIONAL COMMENTS

Please provide any comments or suggestions for improvement:

Thank you for your valuable feedback. Your insights contribute to our continuous improvement efforts.If you have any further questions or concerns, please get in touch with us at:Your responses are confidential and will be used solely for improving patient experiences.