

Patient Survey

Provider Information:

Name of Healthcare Provider/Facility:

Contact Information:

Survey Introduction:

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

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

☐ Very Satisfied	☐ Satisfied	☐ Neutral	☐ Unsatisfied	☐ Very Unsatisfied
---	------------------------------------	----------------------------------	--------------------------------------	---

2. Did the receptionist/booking process provide clear information?

☐ Yes	☐ No	☐ Not Applicable
------------------------------	-----------------------------	---

Section 2: Care Quality

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

☐ Excellent	☐ Good	☐ Fair	☐ Poor
------------------------------------	-------------------------------	-------------------------------	-------------------------------

4. Were your medical concerns addressed to your satisfaction?

☐ Completely	☐ Mostly	☐ Somewhat	☐ Not at all
-------------------------------------	---------------------------------	-----------------------------------	-------------------------------------

Section 3: Facility and Environment

5. Rate the cleanliness and comfort of the facility:

☐ Excellent	☐ Good	☐ Fair	☐ Poor
------------------------------------	-------------------------------	-------------------------------	-------------------------------

6. Were waiting times reasonable?

☐ Very Reasonable	☐ Reasonable	☐ Neutral	☐ Unreasonable	☐ Very unreasonable
--	-------------------------------------	----------------------------------	---------------------------------------	--

Section 4: Overall Satisfaction

7. How satisfied are you with the care you received overall?

☐ Very Satisfied	☐ Satisfied	☐ Neutral	☐ Unsatisfied	☐ Very Unsatisfied
---	------------------------------------	----------------------------------	--------------------------------------	---

Section 5: Additional Comments

8. Please provide any comments or suggestions for improvement:

Survey Completion:

Thank you for your valuable feedback. Your insights contribute to our continuous improvement efforts.

Contact Information:

If you have any further questions or concerns, please get in touch with us at:

Confidentiality Note:

Your responses are confidential and will be used solely for improving patient experiences.