

## OP FEEDBACK FORM

Patient Name :

UHID Number :

Treating Doctor :

Dear Patient,

Welcome to Medway Heart Institute

At MEDWAY HEART INSTITUTE we aim to render the best standards of care, our doctor nurses support staff will do everything they can make your Outpatient experience here as comfortable and pleasant.

Your comment and Feedback are Extremely Valuable and helps to improve our service.

**1. How did you choose Medway Heart Institute for treatment?**

- ☐ Recommended by others
- ☐ Previous Experience in Medway Hospital referred by doctor.
- ☐ Good reputation
- ☐ Any other Reason
- ☐ (Please specify) .....

**2. Courtesy and compassionate of the registration & Billing associate?**

- ☐ Extremely satisfied
- ☐ Very satisfied
- ☐ Satisfied
- ☐ Dissatisfied
- ☐ Extremely dissatisfied

**3. Cleanliness and hygiene of the hospital premises?**

- ☐ Extremely satisfied
- ☐ Very satisfied
- ☐ Satisfied
- ☐ Dissatisfied
- ☐ Extremely dissatisfied

**4. Will you continue to choose Medway Heart Institute for your future health needs?**

- ☐ Extremely satisfied
- ☐ Very satisfied
- ☐ Satisfied
- ☐ Dissatisfied
- ☐ Extremely dissatisfied

**5. Would you Recommend Medway Heart Institute to a friend or family member?**

- ☐ Definitely will
- ☐ May be
- ☐ Neutral
- ☐ May be not
- ☐ Definitely Not

**6. Overall Experience in our Medway Heart Institute?**

- ☐ Extremely satisfied
- ☐ Very satisfied
- ☐ Satisfied
- ☐ Dissatisfied
- ☐ Extremely dissatisfied

**2. Explanation given by the doctor regarding, your condition, treatment and counselling of approximate cost of treatment**

- ☐ Extremely satisfied
- ☐ Very satisfied
- ☐ Satisfied
- ☐ Dissatisfied
- ☐ Extremely dissatisfied

**3. Experience with the Diagnostic, Pharmacy and other services?**

- ☐ Extremely satisfied
- ☐ Very satisfied
- ☐ Satisfied
- ☐ Dissatisfied
- ☐ Extremely dissatisfied

**General Comments / Complaints / Suggestions:**

Date & Time :

Signature

**Note : The complaints that were escalated will be closed within 72 Hrs.**

