

Healthcare Patient Satisfaction Survey Response

Patient Information

Full Name

Email Address

Date of Visit

Overall Experience

How would you rate your overall experience?

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

Reason for Visit

Staff & Facility

Friendliness of staff

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

Cleanliness of facility

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

Wait Time

Care & Communication

Quality of care received

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

Explanation of condition and treatment

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

Final Thoughts

Would you recommend our facility to others?

Additional Comments or Suggestions