

# Telemedicine Consultation Feedback Form

Name

Email

Date of Consultation

Mode of Consultation

☐ Video ☐ Audio ☐ Chat

Doctor's Name

How satisfied were you with your consultation?

☐ Very Satisfied ☐ Satisfied ☐ Neutral ☐ Dissatisfied ☐ Very Dissatisfied

Did you experience any technical issues?

Additional Feedback