

Hospital Patient Release Feedback Questionnaire

Personal Information

Full Name

Patient ID (if known)

Age

Date of Discharge

Feedback on Release Process

How would you rate the discharge process?

- ☐ Excellent
- ☐ Good
- ☐ Average
- ☐ Poor

Was information about home care provided?

Were your medications and instructions explained clearly?

Were your questions addressed before discharge?

Overall Experience

Would you recommend our hospital to others?

- ☐ Yes
- ☐ No

Additional comments or suggestions