Inpatient Discharge Experience Feedback Form

Patient Name	
Date of Discharge	
Ward/Unit	
How would you rate the communication from the staff regarding your discharge process?	
Did you understand your discharge instructions?	
Were your medications explained clearly?	-
Were you provided with information about follow-up appointments or care?	
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Did you have any concerns that were not addressed before discharge?	
Do you have any suggestions for improving the discharge process?	
Contact Email (optional)	