## **Patient Feedback Form**

| Personal Information  |          |
|---|----------|
| Name  |          |
| Date  |          |
| Admission Number  |          |
| Feedback  |          |
| How was your experience at our rehabilitation center?                   |          |
| How would you rate the quality of rehabilitation services you received? | <u> </u> |
| How would you rate the staff's professionalism and support?             | •        |
| How would you rate the cleanliness and facilities?                      | •        |
| Suggestions for Improvement   |          |
| Additional Comments   |          |
|   |          |