

## Telemedicine Consultation Feedback Form

Name

Email

Consultation Date

Healthcare Provider

How would you rate your overall experience?

☐ Excellent ☐ Good ☐ Fair ☐ Poor

How easy was it to use the telemedicine platform?

What aspects did you find helpful? (Select all that apply)

☐ Convenience ☐ Time Saving ☐ Privacy ☐ Communication

What can we improve?

Additional Comments