

# Healthcare Feedback Form

Dear [Patient's Name],

Thank you for choosing [Healthcare Provider/Clinic Name] for your recent appointment on [Date]. We value your feedback as it helps us improve our services and patient care.

## **Please take a moment to answer the following questions:**

How would you rate your overall experience?

Excellent Good Average Poor

How would you rate the professionalism of our staff?

Excellent Good Average Poor

How satisfied were you with the waiting time?

Very Satisfied Satisfied Neutral Dissatisfied

Additional Comments:

Thank you for your time and feedback!

Sincerely,

[Your Name]

[Your Position]

[Healthcare Provider/Clinic Name]

[Contact Information]