 **We value your feedback**

Please tell us about your service experience with us by taking time to complete this form. Your opinion would help us provide you with the highest quality service.

Patient Name–OPTIONAL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Attending Doctor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Admission\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NB-Tick where appropriate**

1. What age group are you in?

18-25 26-35 36-45 46-55 56 and above

1. How is the knowledge and friendliness of Admissions Staff?

Excellent Good Poor

1. How would you rate your waiting time?

Prompt Reasonable Very long

1. How do you rate our staff’s attitude and professionalism

Excellent Good Poor

1. How would you rate the overall quality of our service?

Excellent Good Poor

1. How would you rate the Clinic’s appearance and cleanliness?

Excellent Good Poor

1. How would you rate the quality of food?

Excellent Good Poor

1. Would you recommend our Clinic to your friends / relatives / colleagues?

Yes No

What do you think can be done to improve the service at West End Clinic?

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**NB:** Aft **NB**: After filling in please drop this form in the suggestion box at the Nurses’ Station.