

Hospital Doctor Feedback Form

Use this **hospital doctor feedback form sample** to gather valuable insights from patients about their healthcare experience. The form is designed to capture detailed feedback on doctor professionalism, communication, and overall satisfaction. Implementing this form helps improve hospital services and patient care quality.

Patient Information (Optional)

Name:

Age:

Date of Visit:

Doctor Information

Doctor's Name:

Department:

Feedback

1. How would you rate the doctor's professionalism?

- ☐ Excellent
☐ Good
☐ Average
☐ Poor

2. How would you rate the doctor's communication and explanation of your health condition?

- ☐ Excellent
☐ Good
☐ Average
☐ Poor

3. Did you feel your concerns were heard and addressed?

- ☐ Yes
☐ Partially
☐ No

4. Overall, how satisfied are you with the care received?

- ☐ Very Satisfied
☐ Satisfied
☐ Neutral
☐ Dissatisfied

5. Additional Comments/Suggestions:

Submit Feedback