

# Emergency Department Feedback Form

Use this **hospital feedback form sample** to gather valuable patient insights specifically from the emergency department. It helps improve the quality of urgent care services by identifying strengths and areas needing enhancement. Collecting timely feedback supports better patient outcomes and satisfaction.

Patient Information (Optional):

Name:

Date of Visit:

Rate Your Experience

1. How would you rate the quality of care you received?

Select

2. How quickly were you attended to by the staff?

Select

3. Were the doctors and nurses respectful and compassionate?

☐ Always

☐ Sometimes

☐ Rarely

☐ Never

4. How clean was the emergency department?

Select

5. Any suggestions for improvement?

Your feedback...

Submit Feedback