

Emergency Room Patient Feedback Survey Form

Collect valuable insights with this **patient feedback survey form** sample designed specifically for the emergency room. It helps healthcare providers understand patient experiences and improve care quality. Efficient feedback collection ensures timely responses to patient needs and enhances overall satisfaction.

Patient Information (Optional)

Name:

Date of Visit:

Feedback Questions

1. How would you rate the registration process?

Excellent Good Fair Poor

2. How satisfied were you with the waiting time?

Very satisfied Satisfied Unsatisfied Very unsatisfied

3. Was staff courteous and professional?

Yes No

4. How clear were the explanations of your diagnosis and treatment?

Very clear Clear Unclear Very unclear

5. Overall, how would you rate your experience?

Excellent

Additional comments or suggestions:

Submit Feedback