

Hospital Feedback Form for Inpatient Services

This **hospital feedback form** sample is designed to collect valuable insights from inpatient services, ensuring patient experiences are thoroughly evaluated. It helps healthcare providers identify areas for improvement and maintain high-quality care standards. Utilizing this form promotes effective communication between patients and medical staff.

Patient Information

Patient Name (Optional):

Admission Date:

Discharge Date:

Feedback Questions

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

--Please Choose--

2. Was the hospital staff courteous and helpful?

Yes No

3. Was your pain managed effectively during your stay?

Yes No

4. Was your room and the hospital premises clean?

Yes No

5. Were you informed and involved in your treatment decisions?

Yes No

6. Any other comments or suggestions: