

# 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?

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:

Submit Feedback