

Printable Client Evaluation Form Sample â€“ Health Clinic

Thank you for choosing our clinic. Your feedback is important to us and helps improve the quality of our services. Please complete the form below and return it to the front desk.

Date of Visit:

Client Name (optional):

Age: **Gender:** --Select--

Type of Service Received:

Consultation Diagnostics Treatment Follow-up Other

Please rate the following aspects of your visit:

Criteria	Excellent	Good	Average	Poor
Clinic Cleanliness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff Professionalism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Waiting Time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments/Suggestions				

Would you recommend our clinic to others?

Yes No

Suggestions for Improvement:

Submit