

Hospital Discharge Feedback Form

The **hospital discharge feedback form** sample is designed to gather patients' opinions on their hospital stay and the discharge process. This form helps healthcare providers improve services by understanding patient experiences and identifying areas that need enhancement. Timely and accurate feedback ensures better patient care and satisfaction after leaving the hospital.

Patient Information

Patient Name (optional):

Admission Date:

Discharge Date:

Feedback on Hospital Stay

How would you rate your overall experience?

☐

Excellent

☐

Good

☐

Average

☐

Poor

How would you rate the courtesy and professionalism of our staff?

How well were your questions answered by our staff?

Rate the cleanliness of the hospital:

Rate your comfort during the stay:

Feedback on Discharge Process

Were your discharge instructions clear?

☐

Yes

☐

No

Were you informed about medication and follow-up appointments?

☐

Yes

☐

No

Was your discharge process timely?

Select



[Open Feedback](#)

Do you have any suggestions for improvement or comments about your experience?

Submit Feedback