[Company name]

How to use this document: delete this paragraph before saving, sharing, or circulating it. Every part shown in blue is yours to replace: type your own details over each blue [field] until no blue remains. Add or remove table rows to fit your needs. Then select all (Ctrl+A) and set the font colour to the same dark colour throughout. What is left is your finished document.

Clinic patient feedback form

Date of visit	[Date]

Your experience

Question	Answer / rating
How long did you wait past your appointment time?	
How was the clinician’s manner? (1–5)	
Was everything explained clearly? (1–5)	
Was the clinic clean? (1–5)	
Did you feel your privacy was respected? (1–5)	
How would you rate the overall experience? (1–5)	
Would you recommend us to others?	

Comments

[Anything else you would like to tell us]

Contact (optional)

Phone	[Phone]
Email	[Email]