Riverside Health Clinic

Clinic patient feedback form

Date of visit	9 November 2026

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)

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