

Patient Feedback Form

We are committed to providing you, your friends and family with safe, effective care in good surroundings, ensuring you have the best possible experience while you are here. Your continued feedback and suggestions will provide valuable information and allow us to maintain and further improve Your Trusted Care at Welwitschia Hospital.

Kindly spare a few moments to complete the questions below so that we can continue to offer you the best service.

Date of admission _____

Date of discharge _____

- I was mostly cared for in
- OPD/Casualty
 - Day Ward
 - General Ward I
 - General Ward II
 - Maternity Ward
 - Neonatal ICU
 - Paediatric Ward
 - Adult ICU

Please rate your overall impression of the:

	EXCELLENT	GOOD	AVERAGE	POOR	VERY POOR	N/A
1 Receptionist/s who assisted you	<input type="checkbox"/>					
2 Nursing and support staff who cared for you	<input type="checkbox"/>					
3 Medical professionals who treated you (doctors, physiotherapists, orthotists etc.)	<input type="checkbox"/>					
4 The comfort and cleanliness of your room, and amenities	<input type="checkbox"/>					
5 Courtesy and efficiency of cleaning personnel	<input type="checkbox"/>					
6 Courtesy and efficiency of kitchen personnel	<input type="checkbox"/>					
7 Adequacy and tastiness of food/diet	<input type="checkbox"/>					
8 Your discharge process	<input type="checkbox"/>					

9 How likely are you to recommend Welwitschia Hospital to friends and family if they need similar care or treatment?

- Extremely likely
- Likely
- Neutral
- Unlikely
- Extremely unlikely

Comments relating to your ranking above:

10 How do we compare to the service and care you have received elsewhere?

- Excellent
- Good
- Average
- Poor
- Very poor
- Not applicable

Comments relating to your ranking above:

11 How do we compare to the service and care you have received from us before?

- Excellent
- Good
- Average
- Poor
- Very poor
- Not applicable

Comments relating to your ranking above:

12 What did we do really well?

13 Where and how can we improve?

14 Any members of staff who were particularly helpful or not performing to your expectations? Kindly state their names and briefly elaborate on how they positively/negatively influenced your experience.

(Optional)

If you would like to be contacted by a manager to discuss your experience, kindly complete the details below:

Name _____

Contact Number _____

The topic for discussion _____

Thank you so much for taking the time to complete this form. Please complete and tear off this form and drop it in the patient feedback box at the nurses' station or the hospital reception.

