

**PATIENT FEED BACK FORM FOR ESIC HOSPITALS / DISPENSARIES**

Your co-operation will help us serve you better.

Dated:

Satisfaction level	Very Good	Good	Satisfactory	poor
Patient amenities such as waiting area, toilets, drinking water etc.				
Doctor consultation				
Investigations				
Supply of drugs				
Accessibility to various Departments				
Behaviour of the staff				

Waiting time	Short	Long

INDOOR SERVICES	Very Good	Good	Satisfactory	poor
Consultation and availability of doctors / Nurses				
Bed linen				
Cleanliness in the ward, toilets etc.				

Any Suggestions :

.....  
 .....

\*\*\*\*\*

**OPTIONAL INFORMATION**

- |            |                     |
|------------|---------------------|
| 1. Name    | 2. Insurance Number |
| 3. Address | 4. Telephone No. :  |
|            | 5. email ID         |

Signature