Out-Patient Feedback Form – Sabah Medical Centre (SMC)

 # Mandatory Field ***° Please Select One***

Your Particular:			
# Patient's Name:			
# If you response on behalf, Name:			
# Address:			
# Telephone:			
# E-Mail:			
# Date of Appointment:			
# Time of Appointment:			
#Time of Arrival:			
# You were at:	° Accident & Emergency	° Eye Centre	° Physiotherapy
	° Admission Centre	° Heart Centre	° Radiology/ Imaging
	° Cashier Counter	° Information Centre	° Radiotherapy
	° Consultant Suite, L5	° Laboratory	° Well Being Suite
	° Dental Care	° Neuro Centre	
	° Endoscopy Unit	° Pharmacy	

Reception Counter:						
	Delighted		**Satisfied**		**Disappointed**	
Attentiveness:	°		°		°	
Helpfulness:	°		°		°	
Courtesy:	°		°		°	
Explanation:	°		°		°	
Promptness:	°		°		°	
Waiting Time to be attended by Receptionist:	° < 5 mins	° > 10 mins	° > 20 mins	° > 30 mins	° > 40 mins	° > 60 mins
Comment, if any:						

Your Doctor Attending to You:						
Doctor's Name:						
Attentiveness:	°		°		°	
Helpfulness:	°		°		°	
Courtesy:	°		°		°	
Explanation:	°		°		°	
Promptness:	°		°		°	
Waiting Time to be attended by Doctor :	° < 5 mins	° > 10 mins	° > 20 mins	° > 30 mins	° > 40 mins	° > 60 mins
Comment, if any:						

Waiting Time to be attended on Collection of Medicine/ Blood Test/ X-Ray/ Others:						
	< 5 mins	> 10 mins	> 20 mins	> 30 Mins	> 40 mins	> 60 mins
Pharmacy:	°	°	°	°	°	°
Blood Test Department:	°	°	°	°	°	°
X-Ray Department:	°	°	°	°	°	°
Others *(Please Specify)* _____:	°	°	°	°	°	°
Comment, if any:						

Suggestion for Improvement

For Office Use	
Patient No.	
Registered Name:	
Place of Birth:	
Race:	
Type of Treatment:	
Require for Reply:	[ ] Yes [ ] No
Remarks:	