# [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. 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:** _____

**Your experience**

**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:** _____

**Email:** _____