NIMH/MRD/FORM/V2/2024/28

**Outpatient Feedback Form**

**Patient’s Name:**

**UHID No: Department: Mobile Number:**

|  |  |
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| **Services**  | **Rating (0-10)****0 is very poor service and 10 means Excellent Service**  |
| Helpfulness and courtesy of the staff at the registration, cash and enquiry counters |  |
| Waiting time for registration |  |
| Waiting time for consultation  |  |
| Waiting area facilities including chairs, wheel chairs, drinking water facility and toilets. |  |
| Medical care provided by doctors  |  |
| Availability of medicines at the Pharmacy |  |
| Investigation services: Ease of getting appointments, services and reports |  |
| Waiting time for diagnostic services (lab investigations, scanning services, etc.) |  |
| Cleanliness in the hospital and washrooms |  |
| Information provided by the staff and ease of navigating departments/services  |  |
| Security  |  |
| Canteen facility (food and beverages) |  |
| Overall Experience  |  |
| Share your suggestions and experience at NIMHANS OPD Name: Signature: |