Dear Patient / Relative / Visitor,

Your continuing suggestions & support help to make our Hospital a better organization. Kindly spare a few moments to complete the following, so that we can strive to fulfill your expectations. Please drop the completed Feedback Form in the collection box, placed at the OPD reception, or hand it over personally to Floor Manager – OPD / Asst. MS.

Warm Regards,
Director’s Office – CCWH & RI, Thakurpukur.

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**FEEDBACK FORM**

<table>
<thead>
<tr>
<th>I came as a (Please Tick)</th>
<th>□ Patient</th>
<th>□ Relative</th>
<th>□ Visitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME</td>
<td>REG. NO.</td>
<td>AGE</td>
<td>SEX</td>
</tr>
</tbody>
</table>

ADDRESS

PHONE / EMAIL

BED

WARD

DOCTOR

DIAGNOSIS

TREATMENT

My hospital stay at CCWH & RI was because of the following factors :

- ☐ The Hospital environment is □ Pleasant □ Satisfactory □ Unpleasant
- ☐ The Ward Facilities are □ Good □ Average □ Poor
- ☐ The Toilet(s) are □ Good □ Average □ Poor
- ☐ The Food / Diet is □ Good □ Average □ Poor
- ☐ The service of attending Doctors is □ Good □ Average □ Poor
- ☐ The service of attendant Nurses is □ Good □ Average □ Poor
- ☐ The Hospital Billing is □ Good □ Average □ Poor
- ☐ The Reception / Enquiry service is □ Good □ Average □ Poor
- ☐ The Admission Process is □ Good □ Average □ Poor
- ☐ The Discharge Process is □ Good □ Average □ Poor
- ☐ Overall I rate CCWH & RI as □ Good □ Average □ Poor
Special Comments: