



Hermitage Medical Clinic Comment Card

Having you stay with us at the Hermitage Medical Clinic was our pleasure. Please take the time to help us make this a comfortable, professional and efficient hospital by completing this comment card.

Patient Information

Name: _____

Address: _____

Telephone Number: _____

Room number: _____

Date of visit: _____

- 1) Was your admission procedure dealt with efficiently and professionally?
V Good Good Fair Poor
- 2) What was your level of satisfaction with updates on your medical procedures and progress?
V Good Good Fair Poor
- 3) How would you rate the information received about your recovery?
V Good Good Fair Poor
- 4) How would you rate the information given to you about your discharge and out-patient follow up?
V Good Good Fair Poor
- 5) How would you rate our catering standards and service?
V Good Good Fair Poor
- 6) How would you rate food choices?
V Good Good Fair Poor
- 7) How would you rate the cleanliness on the ward?
V Good Good Fair Poor



8) Was your dignity maintained and privacy respected? Please rate same.
V Good Good Fair Poor

9) How would you rate the attitude and helpfulness of staff?
V Good Good Fair Poor

10) How would you rate access to amenities? (i.e. shop, t.v)
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11) Did any particular staff member's performance stand out? Do you remember their name?

If so, please share

Staff Member's Name: _____

Comments: _____

12) Have you any suggestions that might enhance our service to you and your family?

13) Any aspects of your accommodation that needs improvement?

