









# IN-PATIENT FEEDBACK FORM

Dear Sir/Madam,

*chemo Onco*

Thank you for giving us the opportunity to serve you. We value your opinion. We appreciate you for taking time to complete this feedback form which will help us to serve you better.

	 Excl.	 Gd.	 Avr.	 Pr.
<b>ARRIVAL &amp; ADMISSION</b>				
Politeness & Awareness of Staff	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respond to queries	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoothness of admission procedure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>ACCOMMODATION</b>				
Peaceful and comfortable	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness & hygiene of room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bathroom etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>CLINICAL STAFF</b>				
Briefing by doctors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular visit by doctors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude of nurses	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promptness of service	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>CLINICAL EXPERIENCE</b>				
Cath lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiology lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physiotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operation theater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	 Excl.	 Gd.	 Avr.	 Pr.
<b>F &amp; B EXPERIENCE</b>				
Quality of food	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Delivery of time	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantity of food	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food in accordance to diet requirement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>GENERAL SERVICES</b>				
Security	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
House Keeping	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Telephone service	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacy : Availability of medicine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>DISCHARGE EXPERIENCE</b>				
Time taken for Discharge	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoothness of procedure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accurate billing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post hospitalisation instruction	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you Like to recommend this Hospital to your Relative and Friend for Treatment: Yes  No

\* Please help us to recognise any of our staff that served you exceptionally well :-

OVERALL EXPERIENCES - *It was good. Effective and fast service delivery from the expertise doctors.*  
GENERAL COMMENTS : (if any) - *It was good and we are happy with the service, would like to visit again.*

Name : *Binita Barla, Pradhuman Barla*

Address : *Lohagaon, Onco-5005*

Phone No.: *976 3339269* E-mail : *binitabarla04@gmail.com*

MRN NO. : *AB17030463* Date of Visit : *3, June, 2017*

*Binita*  
Signature

**Thank you for your time & co-operation**

Aditya Birla Hospital Marg, Chinchwad, Pune- 411 033.

Helpline : 020-30717500/1/2/3 ; 020-40707500/1/2/3, Emergency : 020-30717777.

E-mail : [healthcare@adityabirla.com](mailto:healthcare@adityabirla.com) Website : [www.adityabirlahospital.com](http://www.adityabirlahospital.com)