

# IN-PATIENT FEEDBACK FORM

Dear Sir/Madam,  
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.		Excl.	Gd.	Avr.	Pr.
<b>ARRIVAL &amp; ADMISSION</b>					<b>F &amp; B EXPERIENCE</b>				
Politeness & Awareness of Staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Quality of food	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respond to queries	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Delivery of time	<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"/>	Quantity of food	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>ACCOMMODATION</b>					<b>GENERAL SERVICES</b>				
Peaceful and comfortable	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in accordance to diet requirement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness & hygiene of room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom etc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	House Keeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>CLINICAL STAFF</b>					<b>DISCHARGE EXPERIENCE</b>				
Briefing by doctors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time taken for Discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular visit by doctors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smoothness of procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude of nurses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accurate billing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promptness of service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Post hospitalisation instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>CLINICAL EXPERIENCE</b>									
Cath lab	<input checked="" 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"/>					

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 We would like to thank Dr. Rajesh Badhani who has been  
GENERAL COMMENTS: (if any) very good and supportive. He is an asset to ABMH

Name : JAYALAKSHMY ANAND (Venkateshwaran NR)  
Address : Dehu Road  
Phone No.: [Redacted] E-mail : \_\_\_\_\_  
MRN NO. : AB 160 57622 Date of Visit : 15/09 to 17/09

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)