

Please rate your overall view of your stay:
very poor 1 2 3 4 5 very good

Please give details:

What was good about your stay?

What could have been improved about your stay?

This form been completed by: patient or _____

Would you like someone from the hospital to contact you to discuss any issues?

Patient Information (optional)

Name : _____

Dates of stay : _____ Time of Procedure : _____

Ward : _____

Best time to call: _____

Thank you

Phone: 02 6925 3055
Fax: 02 6923 3230
Email: exec@calvary-wagga.com.au

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Patient Feedback Form

Hospitality Healing, Stewardship Respect