

# Hospital Discharge Feedback Form

Patient Name

Email (optional)

Date of Discharge

How satisfied were you with your discharge process?

- ☐ Very Satisfied
- ☐ Satisfied
- ☐ Neutral
- ☐ Dissatisfied
- ☐ Very Dissatisfied

Did you receive clear instructions about care after discharge?

What did you find most helpful during your discharge?

What could be improved?

Would you recommend our hospital to others?

- ☐ Yes
- ☐ No

Additional Comments