

1 Very dissatisfied
 2 Dissatisfied
 3 Satisfied
 4 Very Satisfied

What were the three most important things you expected and how satisfied were you that these were met?

PLEASE CIRCLE YOUR RESPONSE

1. _____ **1 2 3 4**

2. _____ **1 2 3 4**

3. _____ **1 2 3 4**

How would you rate the quality of your stay? **1 2 3 4**

If there was one message you would like to pass on to the Manager in charge of this hospital, it would be ...

Providing high quality service is important to us.

One of the ways we can ensure that we are meeting your expectations as a patient at our hospital is to receive your feedback. With that in mind, we would ask you to take a few minutes to complete this form.

It is only by learning of things we do well, along with the things we can do better, that we can provide excellence in healthcare.

With thanks
 Management & Staff
 Ormiston Hospital

Room:

Date of discharge:

Ormiston Hospital
PO Box 38921
Howick
Manukau 2145

↑
↔ Please seal all sides ↔
↓



Ormiston Hospital

Thank you for taking the time to give us your comments