

Hospital Feedback Form 醫院服務意見書

For Official	Use	醫院塡寫
Date :		
Serial No.:		

I have the following opinions on the services provided by		(DI	ecific ward/	of :	of your hospital.			
		之服務有以)				
(<i>請註明</i>	病房/部門/位置)	Very Good 非常好	Good 好	Acceptable 可接受	Bad 差	Very Bad 非常差		
Environment	醫院環境							
Facilities	醫院設施							
Staff Attitude - Doctors	員工態度 - 醫生							
Staff Attitude - Nurses	員工態度 - 護士							
Staff Attitude - Others	員工態度 - 其他							
Diagnosis and Treatment	診斷治療							
Others:	其他: (<i>請註明</i>)							
My other opinion(s): 我的其他意見:		□ My appreciation of the hospital/staff: 我對貴院/醫護人員的嘉許:						
Personal Particulars 個人	<u>資料</u>							
Name 姓名:		□ A&E patient 急症室病人		itient Ou	□ t-patient 診病人	□ Visitor 訪客		
Corresponding Address/Con 通訊地址或電話號碼	tact No	o an action 1	dament fil	T.≥. 1°878 1 Frn \(\overline{A} \)	· II - II	173女卒日 李		

(If you wish to receive an acknowledgment 如希望得知醫院已收到服務意見書)

We thank you for your opinions and will treat them in strict confidence 多謝你的寶貴意見,此意見書之內容將絕對保密

Please put the completed form into the Suggestion Box on each floor or return it to the ward/unit or send/ fax it to the Hospital Administration Dept., Tseung Kwan O Hospital, 2 Po Ning Lane, Hang Hau (fax no. 2274 4064) 請將此服務意見書交回病房。部門設於每層的意見收集箱或寄/傳真回將軍澳醫院行政部,將軍澳坑口寶寧里 二號 (傳真號碼:2274 4064)