



**CHIEF MINISTER AROGYA ARUNACHAL YOJANA (CMAAY), 2018
PATIENT FEEDBACK FORM**

Patient Name : _____ **Contact No.:** _____

Please tick following question and share your inputs

How is your health after hospitalization?

Improved Need further care

Remarks :

What is your opinion about the scheme?

Excellent Good Not Good

Remarks :

Did Arogya Mitra provide assistance during your hospitalization?

Yes No

Remarks :

How was the quality of services?

Excellent Good Not Good

Remarks :

Did you face any difficulties during the hospitalization?

Yes No

Remarks :

Please share your suggestion/inputs for providing better services under the scheme?

→

How do you manage your health care expenses, when the scheme was not present?

→

Signature of Arogya Mitra

Signature of Patient/Attendant