

Your feedback will help improve our services.

Umpan balik Anda akan membantu meningkatkan layanan kami.

We welcome your views and suggestions about our services. Please provide your suggestions for improvement or express your appreciation of the hospital staff/ services on this form. You may return this form to us by dropping it in any suggestion boxes, by post or by fax.

Kami menerima pendapat dan saran Anda terhadap layanan kami. Berikan saran peningkatan atau ungkapkan apresiasi Anda kepada staf/layanan rumah sakit melalui formulir ini. Anda bisa mengembalikan formulir melalui kotak saran, surat pos, atau faksimili.

Please affix  
stamp here  
Perangko di  
sini

Kepada: Kantor Hubungan Pasien  
Rumah Sakit Ruttonjee & Tang Shiu Kin  
266 Queen' s Road East, Wanchai  
Hong Kong

To: Patient Relations Office  
Ruttonjee & Tang Shiu Kin Hospitals  
266 Queen' s Road East, Wanchai  
Hong Kong



Ruttonjee & Tang Shiu Kin Hospitals

Feedback Form

Formulir Umpan Balik

Rumah Sakit Ruttonjee & Tang Shiu Kin



Address / Alamat:

266 Queen's Road East, Wanchai, Hong Kong  
266 Queen's Road East, Wanchai, Hong Kong

Email Address / Alamat Email:

rtskh\_pro@ha.org.hk

Telephone / Telepon: 2291 2020

Fax / Faksimili: 2591 6886

Website / Web: <http://www.ha.org.hk/rtskh>



I have the following feedback on the services provided by \_\_\_\_\_ of your hospital: (Please specify ward/ department/ location.)

Umpan balik atas layanan yang diberikan oleh \_\_\_\_\_ di rumah sakit Anda: (Tuliskan bangsal / departemen / lokasi.)

For Official Use/ Petugas

Tgl : \_\_\_\_\_

Ref : \_\_\_\_\_

Date / Tanggal : \_\_\_\_\_

Time / Waktu : \_\_\_\_\_

Excellent	Good	Acceptable	Poor	Very Poor	Not Applicable
Luar Biasa	Baik	Bisa Diterima	Buruk	Sangat Buruk	Tidak Berlaku

1	Environment and Cleanliness	Lingkungan dan Kebersihan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Facilities	Fasilitas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Diagnosis and Treatment	Diagnosis dan Tindakan Pengobatan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Nursing Care	Keperawatan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5(a)	Attitude - Doctors	Sikap - Dokter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5(b)	Attitude - Nurses	Sikap - Perawat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5(c)	Attitude - Allied Health	Sikap - Kesehatan Bersama	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5(d)	Attitude - Others (Supporting or Clerical etc.)	Sikap - Lainnya (Pendukung atau Administrasi, dll.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Channels for Informing Patient's Rights & Responsibilities	Saluran untuk Menginformasikan Hak & Tanggung Jawab Pasien	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Channels for Expressing Dissatisfaction & Comment	Saluran untuk Menyampaikan Ketidakpuasan & Komentar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appreciation / Suggestion / Apresiasi / Saran

Please delete as appropriate. / Coret pada jawaban yang tidak diperlukan.

**Personal Particulars: (Optional) / Data Pribadi: (Opsional)**

You can also leave your contact information for further contact if necessary. /Anda juga bisa meninggalkan informasi kontak untuk komunikasi lebih lanjut bila diperlukan.

Name / Nama:  Pasien A&E  Rawat inap  Rawat jalan spesialis / umum  Pengunjung /  Lainnya  
Kerabat

A&E patient In-patient \*Specialist / General out-patient Visitor / Relative Others

Correspondence Address / Alamat Korespondensi / Telephone Number/ Nomor Telepon / Email Address / Alamat Email: (Optional / Opsional)