



**Please tell us a little about yourself**

Patient's Name: \_\_\_\_\_

Age Group:

0-16   17-19   20-29   30-39   40-49   50-59   60-64   65 & above  
                    

Gender:  Male    Female

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Date of visit: \_\_\_\_\_

Location of Polyclinic: \_\_\_\_\_

Your Name (if you are relative/friend):

\_\_\_\_\_

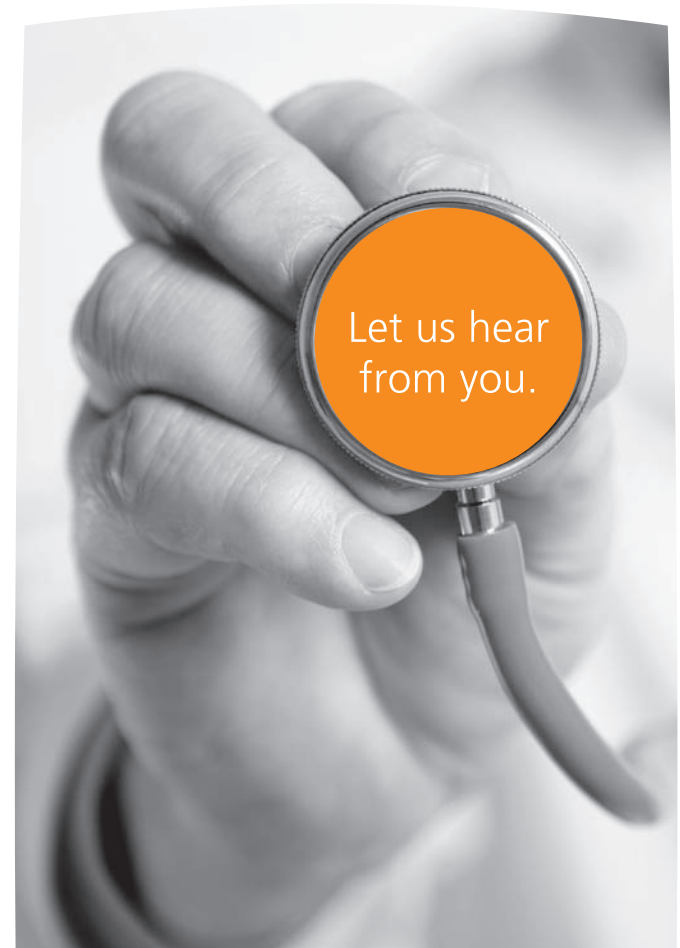
**Please drop this feedback form in the feedback box or hand it to any of our staff.**

**Alternatively, you can also mail it back to us at:**

SingHealth Polyclinics  
167 Jalan Bukit Merah Connection One (Tower 5)  
#15-10 Singapore 150167

<http://polyclinic.singhealth.com.sg>

**PATIENTS. AT THE HEART OF ALL WE DO.**



Patient

Feedback Form



Polyclinics  
SingHealth