

## Patient Survey

Thank you for taking the time to complete this questionnaire. Our goal is to provide you with the best pediatric care possible. We appreciate you letting us know how we are doing. Your feedback helps us measure our performance so we may meet the high standards we set for ourselves.

Please Rate Our Scheduling.	Excellent	Good	Fair	Poor
For a sick-child visit: Able to get an appointment the same or next day.				
For a well visit: Able to get an appointment within 2-4 weeks for any doctor or 2 months for desired doctor				
The convenience of our hours and available appointment times.				
The ability to see the doctor of your choice				
	15-30 min	30-45 min	45-60 min	60+ min
The wait time in the lobby was:				
The wait time in the exam room was:				
<b>Comments:</b>				

Please Rate Our Facilities.	Excellent	Good	Fair	Poor
The cleanliness and comfort of the office itself				
Our parking facilities				
Availability of adult reading materials and children's books.				
<b>Comments:</b>				

Please Rate the Courtesy, Helpfulness, and Knowledge of Our Staff.		Excellent	Good	Fair	Poor
Billing					
Receptionist					
Schedulers					
Nurse	Treats you and your child in a caring, respectful manner.				
	Knowledge and ability				
<b>Comments:</b>					

<b>Please Rate Our Communication.</b>	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
Your ease in reaching our office by phone				
If your call required a return call from a nurse, the call was returned the same day.				
If your call required a return call from a doctor, the call was returned the same day				
Quality of information or medical advice provided by phone				
Description of tests and procedures prior to performing them				
Timely reporting of your test and procedure results				
Our timeliness in completing any form or paperwork requests				
Keeping you informed of any delays while in the waiting room regarding your appointment				
Keeping you informed of any delays while in the exam room regarding your appointment				
<b>Comments:</b>				

<b>Please Rate Your Visit With the Doctor.</b>	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
Courtesy of the doctor				
Doctor's patience and interest in your or your child's problem				
Explanations of diagnosis and treatment options				
The thoroughness of the examination				
Your overall satisfaction with the medical care you received				
<b>Comments:</b>				

<b>Please Rate Your Overall Satisfaction With Our Practice.</b>	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>

Would you recommend this practice to a family member or friend?  Yes  No

How many years have you been a patient in our practice?

Have you visited our Web site?  Yes  No

Comments and suggestions:

<b>Optional Information</b>	<b>Date of Appointment</b>	<b>Appointment Time</b>	<b>Dr Seen</b>
<b>Name</b> _____	<b>Phone</b> _____		