

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 within a reasonable amount of time.				
For a well visit: Able to get an appointment within a reasonable amount of time.				
The convenience of our hours and available appointment times.				
The ability to see the doctor of your choice.				
The wait time to see your doctor or nurse was reasonable.				
	15-30 min	30-45 min	45-60 min	60+ min
Please estimate your wait time to see the physician.				
Please estimate the wait time to see a medical assistant (strep test, blood draw, immunization, etc).				
Comments:				

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 or toys.				
Comments:				

Please Rate the Courtesy, Helpfulness, and Knowledge of Our Staff		Excellent	Good	Fair	Poor
Billing – Westminster Office Inquiries					
Billing – Bel Air Office Inquiries					
Receptionist					
Schedulers					
Medical Assistant	Treats you and your child in a caring, respectful manner.				
	Knowledge and ability.				
Triage Nurse	Treats you and your child in a caring, respectful manner.				
	Knowledge and ability.				
Comments:					

Please Rate Our Communication	Excellent	Good	Fair	Poor
Your ease in reaching our office by phone.				
If your call required a return call from a nurse, the call was returned in a reasonable amount of time.				
If your call required a return call from a doctor, the call was returned in a reasonable amount of time.				
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 with your appointment.				
Comments:				

Please Rate Your Visit With the Doctor	Excellent	Good	Fair	Poor
Courtesy of the doctor.				
Doctor's patience and interest in you 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.				
Comments:				

	Excellent	Good	Fair	Poor
Please Rate Your Overall Satisfaction With Our Practice				

Would you recommend this practice to a family member or friend?

_____ Yes _____ No

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

_____ Years

Comments and suggestions:

Optional Information	Date of Appointment	Appointment Time	Doctor Seen
Name:	Phone Number:		