

Walpole Pediatric Survey

Dear Parent,

At Walpole Pediatrics, we continuously strive to make our patient's experience a pleasant one. Our records indicate that your child was seen by one of our Physicians or Nurse Practitioners within the past 30 days. In an effort to maintain the high standard of quality care that each patient requires and deserves, we are requesting your assistance in completing this short survey. Would you please take a moment to rate your satisfaction with your child's visit?

1. I was satisfied with the length of time I spent on the phone scheduling the visit.
True _____ False _____
2. The front office staff properly greeted my child and collected my insurance information in a quick and friendly manner.
True _____ False _____
3. I experienced an average waiting time before being escorted to the examining room.
True _____ False _____
4. The nursing staff took the time to confirm the nature of our visit and to provide a caring and friendly atmosphere for my child.
True _____ False _____
5. I feel the physician spent a proper amount of time listening to our concerns and provided the best quality of care to my child.
True _____ False _____
6. If you have had the opportunity to see a Nurse Practitioner, do you feel they have spent a proper amount of time listening to your concerns, providing the best quality of care, and consulting with a physician if necessary?
True _____ False _____ Not Applicable _____
7. If you had the necessity to speak with our Referral Department, do you feel that they completed your referral in a timely and friendly matter?
True _____ False _____ Not Applicatble _____

If you have answered false to any of the above questions, please provide your feedback on the back page.

Thank you for taking your time to complete the survey. Please return your response to the office. Responses to this survey will be used as an internal tool for our staff, therefore, your name is not required.

Walpole Pediatrics