



Wildwood Pediatrics Patient Satisfaction Survey

Your feedback is very important to our practice as we strive to provide the best care possible for our families. Please help us assess our performance through this voluntary survey. All results will be kept confidential and will be used to enhance our performance for your future visits. Kindly fill out this survey as honest and specific as you can, then please return to the Practice Manager.

Access to Care/Appointment Scheduling

Access to care includes your ability to make an appointment to see a doctor or nurse practitioner, reach the office by phone, and wait time for your appointment.

Please choose the best option that describes your level of satisfaction.


	Excellent	Very Good	Good	Fair	Poor	Comments
Your ability to see a provider when necessary:						
Annual Well Visits:						
Acute or Injury Visits:						
Your experience of getting through to the office by phone:						
Your office wait time for when you visit the office for a scheduled appointment:						

Quality of Communication

Quality of communication refers to your questions and to the instructions and information offered to you about your care from any doctor, nurse practitioner, medical assistant, or staff in the office.

Please choose the best option that describes your level of satisfaction.

	Excellent	Very Good	Good	Fair	Poor	Comments
The manner of your treatment from our front office receptionists(courtesy, respect, sensitivity, friendliness):						
The manner of treatment from our nursing/clinical staff:						

Quality of communication continues 

In the last 12 months when you phoned your provider during regular office hours, how often did you get an answer to your medical question the same day:						
During your appointment with your provider for an illness, injury or acute conditioner were all your concerns answered at the time of your visit:						
During your routine well visit were all your concerns answered during your visit:						
IN the last 12 months, was it easy to get a referral appointment if your condition required it:						
In the last 12 months how many times have you gone to the emergency room for care:						
If you had a diagnostic imaging test or lab work performed, were the results communicated to you in a timely manner:						

Office Environment

Office environment refers to the overall access to the building, cleanliness of the office as well as your overall comfort in the exam rooms.

Please choose the best option that describes your level of satisfaction

	Excellent	Very Good	Good	Fair	Poor	Comments
Did you find adequate parking:						
Was the building clean accessible:						
Did you find the front office and exam rooms clean, well lit, and temperature comfortable:						

Is there anything our practice can do to improve care and services we provide to you?

No, I am satisfied with the practices care and services.

Yes, please consider these improvements:

Would you recommend this practice to others?

Yes

No