

To Parents of Our Patients:

We notice from our records that your child was recently in our office. In an effort to continue to improve our services, we would like to share your thoughts and comments regarding our practice. Please be assured that the information given to us will be kept confidential.

For your added inconvenience, this questionnaire is available on our website [www.ridgefieldpediatrics.com](http://www.ridgefieldpediatrics.com) under *How Are We Doing?* Please feel free to complete the questionnaire on line or mail this form back to me directly. Your opinions are extremely important to us. Please rate the services at Ridgefield Pediatrics by circling the most appropriate response.

Date of Service \_\_\_\_\_ Seen By \_\_\_\_\_

1) Ability to reach the office by phone

Excellent      Very Good      Good      Fair      Poor

2) Convenience of the office hours

Excellent      Very Good      Good      Fair      Poor

3) Courtesy of the front office staff

Excellent      Very Good      Good      Fair      Poor

4) Courtesy of the clinical staff

Excellent      Very Good      Good      Fair      Poor

5) Provider's explanation of my child's problem

Excellent      Very Good      Good      Fair      Poor

6) Where you satisfied with the arrangements the front desk staff made to have your child seen

- |     |  |           |      |      |      |
|-----|--|-----------|------|------|------|
|     | Excellent  | Very Good | Good | Fair | Poor |
| 7)  | <u>Courtesy of my child's provider</u>   |           |      |      |      |
|     | Excellent  | Very Good | Good | Fair | Poor |
| 8)  | <u>Confidence in my child's provider</u>   |           |      |      |      |
|     | Excellent  | Very Good | Good | Fair | Poor |
| 9)  | <u>Appearance/cleanliness of the office</u>  |           |      |      |      |
|     | Excellent  | Very Good | Good | Fair | Poor |
| 10) | <u>Overall rating of my child's visit</u>  |           |      |      |      |
|     | Excellent  | Very Good | Good | Fair | Poor |
| 11) | <u>Overall satisfaction with the new electronic prescription service</u>           |           |      |      |      |
|     | Excellent  | Very Good | Good | Fair | Poor |
| 12) | <u>Were you satisfied with the wait time before you were taken in a exam room?</u> |           |      |      |      |
|     | Excellent  | Very Good | Good | Fair | Poor |
| 13) | <u>Knowledge and helpfulness of our Billing Department.</u>                        |           |      |      |      |
|     | Excellent  | Very Good | Good | Fair | Poor |
| 14) | <u>Was your child seen in the annex, please rate our new area.</u>                 |           |      |      |      |
|     | Excellent  | Very Good | Good | Fair | Poor |

As we strive to make our practice better, can you offer any suggestions or comments:

---



---



---



---



---

Thank you for assisting us with this questionnaire. I am also always available by phone.

Marcia J. Nock  
 Administrator