



North Florida Pediatrics

Client Survey Form

Date:		Parent/Guardian Name (Optional):		
<input type="checkbox"/> Chiefland	<input type="checkbox"/> Cross City	<input type="checkbox"/> Jasper	<input type="checkbox"/> Lake City	<input type="checkbox"/> Live Oak

Overall Satisfaction with: Scheduling and Front Desk

<input type="checkbox"/> Very Dissatisfied	<input type="checkbox"/> Dissatisfied	<input type="checkbox"/> Neither	<input type="checkbox"/> Satisfied	<input type="checkbox"/> Very Satisfied
It was easy getting through our phone lines to schedule an appointment	o Yes		o No	
I was able to make an appointment for a date/time that was reasonable and convenient.	o Yes		o No	
Do you feel your wait time in the lobby was acceptable for today's visit?	o Yes		o No	
Was your check-in process pleasant?	o Yes		o No	
Were your insurance and payment issues/needs explained clearly?	o Yes		o No	

Overall Satisfaction with: Nursing

<input type="checkbox"/> Very Dissatisfied	<input type="checkbox"/> Dissatisfied	<input type="checkbox"/> Neither	<input type="checkbox"/> Satisfied	<input type="checkbox"/> Very Satisfied
Do you feel your child's workup process was efficient and thorough?	o Yes		o No	
Were all of your questions answered?	o Yes		o No	
Was your child made to feel comfortable?	o Yes		o No	
Was your wait time acceptable in transition from the lobby to exam room?	o Yes		o No	

Overall Satisfaction with: Clinicians

<input type="checkbox"/> Very Dissatisfied	<input type="checkbox"/> Dissatisfied	<input type="checkbox"/> Neither	<input type="checkbox"/> Satisfied	<input type="checkbox"/> Very Satisfied
Was your child made to feel comfortable by the clinician?	o Yes		o No	
Does the provider fully inform you about any diagnosis in a way that is easily understood?	o Yes		o No	
Do you and the provider talk about the range of treatment care choices?	o Yes		o No	
Does the provider fully inform you of all tests, results, positive or negative?	o Yes		o No	
Were referrals given as necessary?	o Yes		o No	
Does the provider provide you information necessary to understand the treatment and care choices for your child?	o Yes		o No	

Overall Satisfaction with: Facilities

<input type="checkbox"/> Very Dissatisfied	<input type="checkbox"/> Dissatisfied	<input type="checkbox"/> Neither	<input type="checkbox"/> Satisfied	<input type="checkbox"/> Very Satisfied
Did you have any difficulties finding the facility?	o Yes		o No	
The registration/waiting areas/exam rooms were welcoming, clean, and comfortable.	o Yes		o No	
Was your child occupied during your wait? (movies, toys, etc.)	o Yes		o No	

Overall Satisfaction with: Staff and Customer Service

<input type="checkbox"/> Very Dissatisfied	<input type="checkbox"/> Dissatisfied	<input type="checkbox"/> Neither	<input type="checkbox"/> Satisfied	<input type="checkbox"/> Very Satisfied
The staff were thorough, personable, and competent; respectful, friendly and compassionate.	o Yes		o No	
Staff was eager to meet my child's needs	o Yes		o No	
Staff appears to be competent and efficient	o Yes		o No	

Comments: (Please provide any additional feedback)

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