

PEDIATRIC & ADOLESCENT CENTER

15255 Northline Road
Southgate, MI 48195
Tel: (734) 285-3090
Fax: (734) 285-3095

30260 Cherry Hill, Suite A
Garden City, MI 48135
Tel: (734) 466-9000
Fax: (734) 466-9700

Patient Satisfaction Survey

Did you have an appointment at our office? YES / NO (Circle One) Date of visit: _____

What was the purpose of your visit to our office?

How long was the waiting time to see a doctor?

__Less than 5 min __5-10min __11-20 min __21-30 min __More than 30 min

Please tell us how much you agree or disagree with the following statement:

The Doctor was knowledgeable, listened to my complaints and answered all questions thoroughly. (Please circle one below)

Agree

Somewhat Agree

Disagree

Does your child have a chronic condition (Ex. Diabetes, Asthma, etc...) Yes__ No__

If "Yes" what is your child's chronic condition? _____

Is your child's chronic condition controlled with the help of a care plan? Yes__ No__

Are you confident about managing your child's chronic condition at home? Yes__ No__

If referred to any type of specialist by this facility, please answer the following:

Were you satisfied? Yes__ No__

If "No" please explain why: _____

What would you suggest we change to better improve our services?

Additional Comments:

Thank you for taking the time to fill this survey, your opinion is greatly appreciated.