

Patient Satisfaction Survey

Child/Patient Name

Parent/Guardian Name

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At Nataloni Pediatrics, P.C., we are always striving to make sure we provide the best possible care for you and your family. The quality of our service, and your experiences with our physicians, nurse practitioners, and office staff are very important to us. Please take a moment to answer the following questions and return this form to us. Your response is appreciated and completely confidential.

Please rate the following statements using the scale provided.

	Great	Good	OK	Fair	Poor
I was greeted in a friendly and respectful manner when I entered the office.					
My wait time was within acceptable limits.					
The appearance of the office was neat and clean.					
The appearance of the waiting room was clean and inviting.					
The examination was comfortable for me and my child.					
The procedure(s) and options were clearly explained to me and (if applicable) my child.					
I feel I had enough time with the Doctors/Nurses.					
My physician exhibited care, concern and compassion for me and my child(ren).					
My rating for my child's checkups over the past 12 months:					

Would you recommend Nataloni Pediatrics to your friends and/or family?

Yes  
 No

Please provide any feedback or recommendations you may have that will help us improve your experience in the future.

May we feature your feedback on our website?

Yes

No

Thank you for helping us build a better practice!

Sincerely,  
Natlaoni Pediatrics, P.C.

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Would you like to be contacted regarding your feedback?

Yes

No

*(if yes, please fill out your details below)*

**Contact Information**

Street Address 1

Street Address 2

City

State

Postal Code / Zip Code

Phone Number

e-mail address