

**LINCOLN PEDIATRIC ASSOCIATES, INC.**  
*Patient Satisfaction Survey*

1. Was it convenient to reach our office by telephone?

- Yes       No

2. When you phoned our office was your call:

- Answered promptly by a receptionist  
 Placed on hold  
 Transferred multiple times before reaching the appropriate person

3. Were you treated respectfully by our receptionist?

- Yes       No

4. Were you satisfied with the time and day of your scheduled appointment?

- Yes       No

5. Overall rating of your experience when you called our office?

- Very Satisfied  
 Satisfied  
 Dissatisfied  
 Very Dissatisfied

6. Was our office difficult to find?

- Yes       No

7. How long was your wait time after you checked in?

- Less than 15 minutes  
 Less than 30 minutes  
 Less than 45 minutes  
 Other \_\_\_\_\_

8. Which of the following describes the reason for your visit today?

- Annual exam  
 Consultation  
 Follow-up visit  
 In-office treatment/procedure  
 Sick Visit

9. Which provider did you see today?

- Dr. Hines  
 Dr. Madras  
 Dr. Maranzano  
 Dr. Sowa  
 Dr. Teixeira  
 Colleen C.P.N.P.

10. Were you treated respectfully and have enough time with your provider?

- Yes       No      If no, please tell us why?

\_\_\_\_\_

\_\_\_\_\_

11. Are you able to speak with and understand your provider easily?

- Yes       No

12. With the information your provider has given to you, are you comfortable managing the care of your child?

- Yes       No      If no, please tell us why?

\_\_\_\_\_

\_\_\_\_\_

13. Are you satisfied with the care you received at Lincoln Pediatrics?

- Yes       No      If no, please tell us why?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. Additional Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name (Optional): \_\_\_\_\_

*Please put survey in the "Patient Survey Box" when checking out.  
Thank you.*