

# Pediatric Clinic Parent Satisfaction Form

Thank you for choosing our clinic for your child's healthcare needs. Please take a moment to fill out this satisfaction form to help us improve our services.

## General Information

Parent/Guardian Name:

Child's Name:

Child's Date of Birth / Age:

Date of Visit:

Pediatrician / Provider Seen:

## Clinic Experience Evaluation

Please rate the following aspects of your visit (Excellent, Good, Fair, Poor):

1. Ease of scheduling the appointment:

2. Friendliness and helpfulness of the front desk staff:

3. Cleanliness and kid-friendliness of the waiting room:

4. Waiting time before being seen by the provider:

5. The pediatrician's communication with you and your child:

6. Overall satisfaction with the care received:

## Comments and Feedback

What did you like best about your visit?

Are there any areas where we can improve our services?

Would you recommend our clinic to other parents? (Yes / No / Comments):