

Pontchartrain Pediatrics

4405 Highway 190 East Service Rd, Covington, LA, 70433

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Patient Experience Survey

To Our Patients:

We are interested in receiving your feedback about the care provided at our office. Please take a few minutes to complete this survey and return it to us.

Your responses are important to us. Your child's visit today is a **Sick Visit** **Well Visit**

1. My child's primary care doctor is:

- Dr. Leslie Brown Dr. Mary Gioe Dr. Patricia Greene Dr. Kelly Londeree Dr. Carlos Vides Dr. Melanie Templet
 I am not sure who my child's primary care doctor is.

2. How long has your child been a patient of this doctor? Less than 1 yr 1-4 yrs 5-9 yrs 10 yrs or more

3. How many times has your child visited this doctor's office in the past 12 months for medical care?

- 0 1 2 3 4 5 6 or more

Please circle your responses:

How satisfied are you with the following?

	Extremely Dissatisfied	Very Dissatisfied	Very Satisfied	Very Satisfied	Extremely Satisfied
4. Ease of making appointments for checkups (physical exams, well visits, routine follow-up appointments)?	1	2	3	4	5
5. Ease of making appointments for sickness ?	1	2	3	4	5
6. Ease in contacting your child's doctor when our office is closed (nights and weekends)?	1	2	3	4	5
7. Ease in speaking directly with clinical staff by telephone when you call during office hours?	1	2	3	4	5
8. The time it takes someone from our office to respond when you call the office with an urgent problem?	1	2	3	4	5
9. Waiting time in our office?	1	2	3	4	5
10. Ease in obtaining follow up information and care (test results, medicines, care instructions)?	1	2	3	4	5
11. Overall medical care at your child's doctor's office?	1	2	3	4	5
12. Our office's appearance?	1	2	3	4	5
13. Our office convenience (location, parking, hours, office layout)?	1	2	3	4	5
14. The way we assist you with improving your child's health?	1	2	3	4	5
15. The way your doctor involves other doctors and caregivers In your child's care when needed?	1	2	3	4	5
Please tell us how caring your doctor and our staff are.	Extremely	Very	Very	Very	Extremely

	Uncaring	Uncaring	Caring	Caring	
Caring					
16. How caring is your child's doctor?	1	2	3	4	5
17. How caring is our clinical staff?	1	2	3	4	5
18. How caring is our office staff?	1	2	3	4	5
	Definitely Would not	Probably Would Not	Not Sure	Probably Would	Definitely Would
19. Would you recommend your child's doctor to your family and friends?	1	2	3	4	5

Please tell us:

20. Your child's age in years: Less than 1 1-3 4-7 8-11 12-15 16-19 20-21
21. Your child's current grade level: Day-Care Pre-School Elementary Middle School High School
22. Your Child's Gender: Male Female
23. Is your child of Hispanic or Latino origin : Yes, Hispanic or Latino No, not Hispanic or Latino
24. What is your child's race (check all that apply): White Black or African American Asian Native Hawaiian or Other Pacific Islander American Indian or Alaska Native Other
25. Your Child's Current Residence: Single-Family Home/Permanent Residence Shared Custody/More than one permanent residence Foster Care No permanent residence
26. Your Child's Health Plan Coverage (check all that apply): Private/Commercial _____ (Name of Health Plan) Medicaid _____ (Name of Medicaid Plan) Uninsured/Self-Pay
27. Your age: Under 18 18-24 25-34 35-44 45-54 55-64 65-74 75 or older
28. Are you: Male Female
29. How are you related to your child: Mother or Father Grandparent Aunt or Uncle Older brother or sister Other Relative Legal Guardian Someone Else _____
30. Are you the : Primary Care Giver Secondary Caregiver
31. Please check your level of Education: 8th Grade or Less Some High School High School Graduate or GED Some College or 2-year degree 4-year College Graduate More than 4-year college degree

Comments: _____

Thank you for your comments and completion of this survey.