

Coastal Kids Pediatric Patient Survey

Dear Patient/Family Member:

At Coastal Kids, providing you with top quality personalized pediatric care is very important to us. A major indicator of our success is your personal satisfaction. As part of our quality management program, I would appreciate your feedback. The information we receive will assist us in improving our services and help us continue to do our best for our patients.

With Best Regards,
 Dr. Steven Abelowitz
 Coastal Kids Owner

Please circle which office you are seen in: LAGUNA NIGUEL NEWPORT BEACH

In your interaction with the following staff members, please rate your satisfaction with the level of service provided:
 (Circle which physician you visited)

Staff Member	Excellent	Good	Fair	Poor
a. Dr. Abelowitz	_____	_____	_____	_____
b. Dr. Iravani	_____	_____	_____	_____
c. Dr. Jugant	_____	_____	_____	_____
d. Dr. Lee	_____	_____	_____	_____
e. Dr. O'Connell	_____	_____	_____	_____
f. Dr. Brown	_____	_____	_____	_____
g. Dr. Cox	_____	_____	_____	_____
f. Dr. Apostol	_____	_____	_____	_____
h. Dr. Teschke	_____	_____	_____	_____
f. Nurse Pract.	_____	_____	_____	_____
g. Front office	_____	_____	_____	_____
h. Office Manager	_____	_____	_____	_____

Based on the following items, please rate your level of satisfaction with the services provided to you.

Service	Always	Sometimes	Never
Making my appt was easy	_____	_____	_____
My wait time in the office	_____	_____	_____
I was satisfied with the quality of the M.D. visit	_____	_____	_____
I was satisfied with the Nurse	_____	_____	_____
Financial issues were handled	_____	_____	_____
Accurately and effectively	_____	_____	_____
Overall, the staff was helpful	_____	_____	_____
My wait time on the phone was appropriate.	_____	_____	_____

How were you referred to Coastal Kids _____

Would you recommend Coastal Kids to others? (Circle) YES / NO

If not, why? _____

Comments/Suggestions: _____
