



Name _____

How did you hear about us?

Newspaper _____ Yellowbook Moneysaver Church School Nurse
 Mailer Postcard Outside Sign Family/Friend Other _____

Are you currently looking for a pediatrician?

Yes No

Have you ever had a negative situation
with you pediatrician? If yes, Please explain why.

Yes No

What do you look in a provider/pediatrician?

Knowledge/Experience Flexible Office Hours Walk-in Availability Location
 Services Provided Communication (Bilingual Doctor and Staff) Other _____

Which appointment time would be more convenient for you?

Morning Appointments (9:00am-12:00pm) Late Appointments (4:00pm-7:00pm)
 Evening Appointments (12:00pm-4:00pm)

Please check off which insurance do you carry

All Kids (Public Aid) Kidcare Humana Aetna
 Blue Cross Blue Shield United Healthcare Other _____

Do you have any of the following?

E-mail Yes or No _____

Facebook Yes or No _____

Twitter Yes or No _____

Will you be interested in receiving information from us by e-mail or follow us in facebook/Twitter?

Yes or No