

Peninsula Kidney Associates

We Welcome Your Opinion...

Our goal is to provide the best possible patient care while giving you the best possible patient service. To help us improve, we would appreciate your responses to the following questions.

Dr. Ayodeji Dr. Beazlie Dr. Nguyen Dr. Semret Dr. Siu Dr. Wang

Linda Jones-Brandon, CFNP Robert Song, PA

Appointment Location: _____ Date of Appointment: ____/____/____

About Our Office

		Excellent	Very Good	Good	Fair	Poor
1.	How easy was it to schedule your appointment?					
2.	Are our office hours convenient?					
3.	Availability of appointments?					
4.	Did the staff treat you with courtesy and respect?					
5.	Were you seen in a reasonable amount of time after you arrived?					

About Your Medical Care

		Excellent	Very Good	Good	Fair	Poor
1.	Did the Doctor/Nurse Practitioner treat you with courtesy and respect?					
2.	Did the Doctor/Nurse Practitioner answer all of your questions?					
3.	Did you understand everything when you left?					
4.	Do you think you got the right care?					

In General

		Excellent	Very Good	Good	Fair	Poor
1.	The likelihood of referring your friends and relatives to us?					
2.	Overall, how would rate your visit?					

Do you have any other comments or suggestions you would like to make? _____

Thank-you

PLEASE FAX SURVEY TO 757-251-7470 • PLEASE EMAIL SURVEY TO: info@pen-kid.com