

KIWI FEEDBACK FORM

We would like to know how well we are taking care of our patients and families at Kiwi Pediatrics. Please answer the following questions on this form as honestly as you can. When you are finished you can fax it to us at **(510) 652-2624** or you can mail it to us at:

Kiwi Pediatrics Feedback

1744 Alcatraz Avenue

Berkeley, CA 94703

All answers and comments are strictly confidential and will solely be used to improve our practice. Thank you.



1. Do you feel the primary care providers at Kiwi provide quality care to your child? Do the doctors and medical staff answer your questions and concerns adequately and in a timely manner? Please comment.
2. Does the medical staff treat you with courtesy and professionalism? Please comment.
3. When visiting our offices, do you feel comfortable in the waiting and exam rooms? Are the waiting areas generally clean and tidy? Please comment.
4. When you have received billing statements from our office, are they easy to understand? Are your questions or concerns answered to your satisfaction? Please comment.
5. Do you feel our website provides good information and addresses questions you normally would call the office to have answered? Have you used RelayHealth to contact one of our physicians? Please comment.
6. What 3 things do you like best about Kiwi Pediatrics?
7. What 3 things do you dislike about the practice or what could we improve upon? Please make suggestions.