Interviewing a Pediatrician

Doctor's Name:	
Address: Telephone number:	Email:
Appointment date/time:	
OFFICE:	
What type of practice is it? (solo/g	roup) solo group
Is the office convenient? yes no	
What are the hours:	
Are they flexible in accommodatin	g your schedule?: yes no
Is the office staff/nurses friendly, c	courteous, helpful? yes no
Were you kept waiting long? yes n	0
Is the office environment clean and	l comfortable? yes no
Is the waiting area child-friendly?	yes no
How are routine appointments sche	eduled?
Do they schedule all appointments	at the same time? (well baby vs. sick baby)
BASIC QUESTIONS: How long	
What additional training do you ha	.ve?

If solo practitioner, who will cover for you when you're not available?

Phone number:_____

If a group practice, how often will I see the other doctors?

How available are you to answer my questions?

When is the best time to reach you?
How do I reach you if I need to?
Phone #:
Who takes your calls after office hours?
Which hospitals are you affiliated with?
How do you feel about circumcision?
What are your views about breastfeeding?
Would you recommend any classes, activities, literature for babies/children that might benefit me? yes no
Which ones?
Will you agree to allow me to hold-off on immediate routine newborn procedures (ie: vitamin K shot, etc) until I have had a chance to bond with my baby (1-2 hours)? yes no
ADDITIONAL QUESTIONS YOU MIGHT HAVE:

Did you feel comfortable with the doctor? yes no

Do you feel you can ask a question without feeling embarrassed? yes no

Did they take the time to talk to you? yes no

Did you feel like they were rushing you through the appointment? yes no

Did they answer your questions completely? yes no

Final comments:_____

Rating: (scale from 1-10; 10 being the highest, 1 being the lowest):

Decision: yes no