



Pediatrician Interview

Doctor's Name: _____
Address: _____
Telephone#: _____
Website: _____
Appointment Date: _____ **Time:** _____

1. What type of practice is it? Solo or Group
2. Is the office convenient?
3. What are the hours?
4. Are they flexible in accommodating your schedule?
5. Is the office/staff nurses friendly, courteous and helpful?
6. Were you kept waiting long?
7. Is the office environment clean and comfortable?
8. Is the waiting area child-friendly?
9. Are weekend hours available?
10. Do they schedule all appointments at the same time? (well babies vs. sick babies)
11. ***How long have you been in practice?***
12. ***What additional training do you have?***
13. ***If solo practitioner, who will cover for you when you're not available?***
14. ***If group practice, how often will I see the other doctors?***
15. ***How available are you to answer my questions?***
16. ***When is the best time to reach you?***
17. ***How do I reach you if I need to?***
18. ***Who takes your calls after office hours?***
19. ***Which hospitals are you affiliated with?***
20. ***How do you feel about circumcision?***
21. ***What are your views about breastfeeding?***
22. ***What is your vaccination schedule/policy?***
23. ***Would you recommend any classes, activities or literature for babies that might benefit me?***
24. Did you feel comfortable with the doctor?
25. Do you feel you can ask a question without feeling embarrassed?
26. Did they take the time to talk to you?
27. Did you feel like they were rushing you through the appointment?
28. Did they answer your questions completely?
29. Decision? YES or NO Take your Pediatrician's name and number to the hospital with you! 😊