

PEDIATRICIAN OR FAMILY DOCTOR INTERVIEW SHEET

Name of doctor: _____
Name of practice: _____
Location: _____
Phone number: _____
Practice website: _____
How did you hear of this doctor? _____

About the Practice

You might want to ask the doctor's staff these questions before you decide whether to interview the physician.

1. Do they take your insurance plan? Yes/No
2. Is this a solo or group practice? Solo/Group
 - a. If solo, who covers when the doctor isn't available?

 - b. If group, how often will we see other doctors in the practice?

3. How long has this doctor been in practice? _____ years
4. Does the doctor have any sub-specialities?

5. What are the clinic hours? _____
6. What evening or weekend hours are available? _____
7. Does your practice encourage parents to call for routine/non-emergency questions? Yes/No
8. How will we reach you if my child gets sick after hours?

9. How can I reach the doctor in an emergency?

10. Which hospitals is the doctor affiliated with?

11. Does the doctor see newborns in the hospital or at the first office visit?

12. Does the doctor respond to email? Yes/No
13. How does the doctor handle payments, billing, lab charges, and insurance claims?

About the Doctor

Most doctors have only about ten minutes to spare for an interview. If the interview takes longer, some physicians will charge a consultation fee.

1. What do you like best about your job? _____
2. Will you be available for discussions on my child's behavioral developments (discipline issues, social development, etc.)? Yes/No
3. What are your views on and/or experience with:
 - a. Bottle-feeding

 - b. Circumcision

 - c. Antibiotics

 - d. Immunizations

 - e. Parenting methods

 - f. Childhood obesity

 - g. Getting babies to sleep

 - h. Alternative medicine, including homeopathy, herbs, acupuncture

Questions to Ask Yourself

(NB. If the doctor answers all your questions effectively but your intuition tells you that the relationship won't be a good fit, examine why, and trust your instincts.)

1. Was everything clean? Yes/No
2. Is the waiting room pleasant and kid-friendly? Yes/No
3. Were toys and books available to occupy your child? Yes/No
4. Were the office staff and nurses helpful and patient? Yes/No
5. How long were you kept waiting? _____ minutes
6. Does your child seem to respond well to the doctor? Yes/No
7. Does the doctor seem to welcome questions? Yes/No
8. Does the doctor seem to know about the latest medical advances? Yes/No
9. Is the doctor's style of communication a good fit with yours? Yes/No
10. Is the doctor more inclined to give you directions or offer you opinions? Directions/Opinions
11. Did you feel comfortable with the doctor? Yes/No
12. Was parking readily available? Yes/No