

## **We welcome your suggestions!**

Pediatric Health Associates strives to ensure your child's healthcare needs are always treated with the utmost importance. Our staff is dedicated to providing your children with the most timely, efficient and caring medical treatment that is possible. We treat your medical experience with respect and keep all records private and secure.

In the event that you have any concerns or thoughts that may make your visit here a better experience, please complete this form.

Patient Name: \_\_\_\_\_

You may remain anonymous however the staff cannot respond to any specific concerns **should you elect not to share your identity.**

- Date of office visit: \_\_\_\_\_
- Time of visit: \_\_\_\_\_
- Suggestion or concern: \_\_\_\_\_

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Would you like a call back from the office manager? Yes or No

Daytime Phone where you can be reached: \_\_\_\_\_

Would you like a call back from the head nurse? Yes or No

Daytime Phone where you can be reached: \_\_\_\_\_

All concerns and suggestions will be discussed with the practice administrator Dr. Timothy R. Wall. Thank you for your assistance in making this the best medical home for your child(ren).

Please mail the completed form to:

Pediatric Health Associates  
Attn: Practice Administrator  
636 Raymond Drive, Suite 205  
Naperville, IL 60563

You may also email any suggestions/complaints/concerns you have to:

[PHA@pedhealth.net](mailto:PHA@pedhealth.net).

**We look forward to hearing from you.**