

CLIENT EXPERIENCE QUESTIONNAIRE

Our mission is to maintain a dedicated, caring and knowledgeable team committed to providing exceptional client services and Chiropractic Care. We strive toward this excellence through continuing education, technical advances and compassionate care for all of our patients.

You can help us reach and maintain this level of service by sharing your chiropractic needs and expectations. By completing this client survey, you will be a part of our team meetings and be assured that your comments will be discussed and acted upon. Thank you for your time and effort.

(Please Note: Your privacy is 100% assured.)

How Did You Choose our practice?

A friend or relative recommended the practice

I drove by and saw your sign

I saw the practice in the Yellow Pages

Found you through the Search Engines

Other:

YES

☐☐☐☐☐

NO

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Your Telephone Experience:

My call was answered promptly

It was easy to make an appointment

I was referred to the website to get necessary forms ahead of time

I was placed on hold too long

I was offered to be called back if needed

I did not phone

YES

☐☐☐☐☐☐

NO

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Your Impression of our Receptionist (Over the Phone):

Friendly and attentive

Courteous

Informative

YES

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NO

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Your Impression of our Receptionist (In Person):

Stood and greeted me

Aware of purpose of visit

Seemed warm and cheerful

Gave me undivided attention

Seemed hospitable

Answered all my questions

YES

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NO

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Your Impression of our Reception Area:

Comfortable

Neat & Clean

Countertops free from clutter

Retail displays are well organized

Child-friendly

YES

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NO

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Your Impression of our Parking Lot/Grounds:

Clean

I found a parking spot with ease

YES

☐☐

NO

☐☐

Your Impression of our website

I visited the website

I found the website to be helpful & resourceful

I printed out any necessary forms ahead of time

I registered to be a member and/or to receive free newsletters

YES

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NO

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Your Impression of our Doctor:

Introduced himself/herself
Listened to what I said
Gave clear advice
Answered all my questions
Made me feel valued
Seemed proficient and knowledgeable
Gave me the information I needed

YES☐
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☐**NO**☐
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☐**Additional Questions:**

Was your waiting time reasonable?
Do you feel the fees were reasonable?
Did you understand all our fees?
If you marked "No" please explain.

YES☐
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☐**NO**☐
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☐**Will you recommend us to others?****Why or why not?****YES**☐
☐**NO**☐
☐**What suggestions do you have for improving the office, staff or procedures?****If you would like us to contact you, please fill out the necessary information.****Name:****Email:****Phone:**