

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 services 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!

Your Telephone Experience:

Yes No

- | | | |
|--|--------------------------|--------------------------|
| My call was answered promptly | <input type="checkbox"/> | <input type="checkbox"/> |
| It was easy to make an appointment | <input type="checkbox"/> | <input type="checkbox"/> |
| I was referred to the website to get necessary forms ahead of time | <input type="checkbox"/> | <input type="checkbox"/> |
| I was placed on hold too long | <input type="checkbox"/> | <input type="checkbox"/> |
| I was offered to be called back if needed | <input type="checkbox"/> | <input type="checkbox"/> |
| I did not phone | <input type="checkbox"/> | <input type="checkbox"/> |

Your Impression of our Chiropractic Assistants (Over the Phone):

Yes No

- | | | |
|------------------------|--------------------------|--------------------------|
| Friendly and Attentive | <input type="checkbox"/> | <input type="checkbox"/> |
| Courteous | <input type="checkbox"/> | <input type="checkbox"/> |
| Informative | <input type="checkbox"/> | <input type="checkbox"/> |

Your Impression of Our Chiropractic Assistants (In Person):

Yes No

- | | | |
|-----------------------------------|--------------------------|--------------------------|
| Aware of the purpose of the visit | <input type="checkbox"/> | <input type="checkbox"/> |
| Seemed warm and cheerful | <input type="checkbox"/> | <input type="checkbox"/> |
| Gave me undivided attention | <input type="checkbox"/> | <input type="checkbox"/> |
| Seemed hospitable | <input type="checkbox"/> | <input type="checkbox"/> |
| Gave me a tour of the office | <input type="checkbox"/> | <input type="checkbox"/> |
| Answered all my questions | <input type="checkbox"/> | <input type="checkbox"/> |

Your Impression of our Reception Area:

Yes No

- | | | |
|------------------------------------|--------------------------|--------------------------|
| Comfortable | <input type="checkbox"/> | <input type="checkbox"/> |
| Neat & Clean | <input type="checkbox"/> | <input type="checkbox"/> |
| Free from clutter | <input type="checkbox"/> | <input type="checkbox"/> |
| Retail displays are well-organized | <input type="checkbox"/> | <input type="checkbox"/> |
| Child-friendly | <input type="checkbox"/> | <input type="checkbox"/> |

Your Impression of our Website:

Yes No

- | | | |
|--|--------------------------|--------------------------|
| I visited the website | <input type="checkbox"/> | <input type="checkbox"/> |
| I found the website to be helpful & resourceful | <input type="checkbox"/> | <input type="checkbox"/> |
| I printed out any necessary forms ahead of time | <input type="checkbox"/> | <input type="checkbox"/> |
| I registered to be a member and/or to receive free newsletters | <input type="checkbox"/> | <input type="checkbox"/> |

Your Impression of our Doctor:

Yes No

- 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 _____

Additional Questions:

Yes No

- Was your waiting time reasonable? _____
- Did you feel the fees were reasonable? _____
- Did you understand all our fees? _____
- Were your insurance benefits explained clearly? _____

If you marked "No" to any of these questions, please explain. We really appreciate the feedback!

Will you recommend us to others? Why or Why Not?

Yes No

Why or Why Not?

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: _____

Thank you so much for your time and we truly value you as a patient!