Patient Satisfaction Survey

Please rate the following on a scale of 1-10
With 10 being the best:

____ Ease of making appointments
____ Ease of finding the office
____ Convenience of office location
____ Attitude of staff
____ Helpfulness of staff
____ Bright, pleasant waiting area
____ Punctuality
____ Appearance of Staff
____ Courtesy of staff
____ Fair fees
____ Help with insurance
____ Adequacy of parking

If you have telephoned the office	**Circle One**
Did you have trouble getting through?	Yes No
Were you kept on hold for too long?	Yes No
If the office was closed, were you satisfied with the information given by the answering service or message?	Yes No

Processing & Forms

Was the staff helpful in filling out your paperwork?	Yes No
Were you embarrassed at any of the question or comments made?	Yes No
Were your questions answered?	Yes No
Do you have any problem with our Forms	Yes No

If yes, please explain _____
_____
_____

Doctor's Care

Did you see the doctor near your appointment time?	Yes No
If not, were you given a satisfactory explanation?	Yes No

Did the doctor explain his findings in a way that you could understand? Yes No

Did the doctor spend enough time with you? Yes No

Did the doctor explain the treatment adequately before beginning it? Yes No

Did you have an opportunity to have your questions and concerns addressed? Yes No

Some of the reasons why I discontinued care include: (Check all that apply)

❑ Couldn't afford treatments	❑ Painful adjustments
❑ Didn't like the doctor	❑ Poor financial arrangements
❑ Got the results I wanted	❑ Spouse urged me to stop
❑ I feel fine now	❑ Staff wasn't courteous
❑ Inconvenient hours	❑ Too busy to get to office
❑ Insurance won't pay	❑ Transportation problems
❑ Moved away from the office	❑ Treatments didn't help
❑ No need to continue care	❑ Other

If my problem was to return I would / I would not feel comfortable returning to the office for care.

Have you, or would you refer a new patient? Yes No

Overall, I would rate the chiropractic care I received as:
Í Excellent Í Good Í Fair Í Poor Í Terrible

I came to the office for about _____ visits/treatments

THANK YOU

OPTIONAL INFORMATION

NAME
_____

ADDRESS
_____

CITY, STATE, ZIP
_____

TELEPHONE NUMBER