

# Priority Chiropractic 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

**YES**   **NO**

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

## Other:

## 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**

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

## Your first impression of our Chiropractic Assistant (Over the Phone):

- Friendly and attentive
- Courteous
- Informative

**YES**   **NO**

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

## Your Impression of our Chiropractic Assistant (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**   **NO**

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

## Your Impression of our Reception Area:

- Comfortable
- Neat & Clean
- Countertops free from clutter
- Retail displays are well organized
- Child-friendly

**YES**   **NO**

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

<b>Your Impression of our Parking Lot/ Grounds:</b>	<b>YES</b>	<b>NO</b>
Clean	<input type="checkbox"/>	<input type="checkbox"/>
I found a parking spot with ease	<input type="checkbox"/>	<input type="checkbox"/>

<b>Your Impression of our website:</b>	<b>YES</b>	<b>NO</b>
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"/>

<b>Your Impression of our Doctor:</b>	<b>YES</b>	<b>NO</b>
Introduced himself/herself	<input type="checkbox"/>	<input type="checkbox"/>
Listened to what I said	<input type="checkbox"/>	<input type="checkbox"/>
Gave clear advice	<input type="checkbox"/>	<input type="checkbox"/>
Answered all my questions	<input type="checkbox"/>	<input type="checkbox"/>
Made me feel valued	<input type="checkbox"/>	<input type="checkbox"/>
Seemed proficient and knowledgeable	<input type="checkbox"/>	<input type="checkbox"/>
Gave me the information I needed	<input type="checkbox"/>	<input type="checkbox"/>

<b>Which Doctor do you normally see?</b>	<b>YES</b>	<b>NO</b>
Dr. Tim Lamon	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Anna Lamon	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Christy Inglis	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Dan Warnock	<input type="checkbox"/>	<input type="checkbox"/>

<b>Additional Questions:</b>	<b>YES</b>	<b>NO</b>
Was your waiting time reasonable?	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel the fees were reasonable?	<input type="checkbox"/>	<input type="checkbox"/>
Did you understand all our fees?	<input type="checkbox"/>	<input type="checkbox"/>
If you marked "No" please explain.		

<b>Will you recommend us to others?</b>	<b>YES</b>	<b>NO</b>
<b>Why or why not?</b>	<input type="checkbox"/>	<input type="checkbox"/>

**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:**

