

# PATIENT 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. We appreciate 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

☐☐☐☐☐☐☐☐

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

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## Your impression of our receptionist (over the phone):

- Friendly and attentive
- Courteous
- Informative

YES

NO

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## Your impression of our receptionist (in person):

- Greeted me
- Seemed warm and cheerful
- Gave me undivided attention
- Seemed hospitable
- Answered all my questions

YES

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

NO

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## Your impression of our parking lot/grounds:

- Clean
- I found a parking spot with ease

YES

NO

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## 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

YES

NO

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**Your impression of our doctor:**

	YES	NO
Introduced himself	<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"/>

**Additional questions:**

	YES	NO
Was your waiting time reasonable?	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel the fees are 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:		

Will you recommend us to others?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Why or why not?

What suggestions do you have for improving the office, staff or procedures?

If you have had a positive experience and would like to provide a testimonial, please describe your experience at Willow River Chiropractic and share how Dr. Nathan has helped you.

If you would like us to contact you, please fill out the necessary information.

Name:

Email:

Phone:

Please return to Willow River Chiropractic:

[danielle@willowriverchiropractic.com](mailto:danielle@willowriverchiropractic.com)

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