

Patient Satisfaction Survey

We strive to provide the best possible service to all our patients. To ensure we continue to meet your requirements please spend a few moments completing this survey. If you require a response please provide your name and contact details.

Before your visit

How did you hear about us? (please tick)

- Word of Mouth
- Search (searched for chiropractor online)
- Google+
- Facebook
- Twitter
- Other (please provide details)

How often do you visit our website?

Never	Only Once	Monthly	Weekly
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Did you find the information you were looking for?

Yes	No		
<input type="radio"/>	<input type="radio"/>		
Poor	Fair	Good	Excellent
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How would you rate the level of information you found on the website?

Do you follow us on any of our social media pages? (please tick all that apply)

- Google+
- Facebook
- Twitter

Is there anything you felt was missing from the website, if so please list.

If you booked your appointment online, how was the process?

Poor	Fair	Good	Excellent
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you booked via the telephone, how was the call with reception handled?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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If your booking experience was Poor or Fair, please provide ideas on how we can improve it

How would you rate the availability of appointment times for your consultation?

Poor	Fair	Good	Excellent
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please rate the level of instruction/information offered to you prior to your appointment.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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During your visit

	Poor	Fair	Good	Excellent
How would you rate the first impression of the Clinic upon arrival.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How was your engagement with the reception staff?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How helpful/accomodating have you found the staff overall?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How interesting did you find the literature provided in the waiting area?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How would you rate the changing facilities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The Consultation

	Poor	Fair	Good	Excellent
How would you rate your intial consultation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How thoroughly was your condition/problem/injury explained to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How well were any questions you had answered?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How flexible are the times suggested for folow up appointments?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was the personal care programme explained to you fully?	<input type="radio"/> Poor	<input type="radio"/> Fair	<input type="radio"/> Good	<input type="radio"/> Excellent
How would you rate your level of care?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/>	<input type="radio"/>
Was any treatment aftercare or exercise plan presented to you?	<input type="radio"/>	<input type="radio"/>		

After your Consultation

Did you need to contact the clinic for post consultation advice?	<input type="radio"/>	<input type="radio"/>
If yes, did the advice help?	<input type="radio"/>	<input type="radio"/>
If no, what else do you suggest we can do to help?	<input type="text"/>	
Do you feel your expereience was good value for money?	<input type="radio"/>	<input type="radio"/>
Would you recommend the clinic to others?	<input type="radio"/>	<input type="radio"/>
If no, please provide any feedback that would help us to maintain our high standards or further improve them.	<input type="text"/>	

Name:

Contact Number/email: