

PATIENT SERVICE QUESTIONNAIRE

At Health For Life our mission is to help our patients reach and maintain health for life through natural medicine, diet, and rehabilitation. We strive toward this mission with a dedicated and knowledgeable staff committed to providing exceptional care and service to our patients, as well as an environment that is comfortable for Chiropractic Care.

You can help us to reach and maintain this level of service by filling out the Patient Service Questionnaire below. Please give us your input based on your needs and expectations met during your visit.

Your privacy is 100% guaranteed

How would you rate the attitude and helpfulness of the staff?

Excellent Good Average Fair Poor

Please rate your initial visit to Health For Life?

Excellent Good Average Fair Poor

How would you rate the cleanliness and location of our facility?

Excellent Good Average Fair Poor

What was your impression of our reception area?

Excellent Good Average Fair Poor

How would you rate your experience talking to our staff on the phone?

Excellent Good Average Fair Poor

Were all of your questions/concerns answered?

Yes No (if no please explain) _____

How would you rate your overall appointment experience?

Excellent Good Average Fair Poor

What were your impressions of Dr. Stanbridge? (check all that apply)

Introduced himself Listened to what I said Gave clear advice
 Answered all of my questions Made me feel valued
 Seemed proficient & knowledgeable Gave information I needed
 other (describe) _____

What did you like or dislike about Dr. Stanbridge, our staff, and/or Massage Therapist?

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

How did you choose/find our practice?

Was your wait reasonable?

Yes No (if no please explain)

Do you feel the fees were reasonable?

Yes No (if no please explain)

Did you understand all of our fees adequately?

Yes No (if no please explain)

Would you recommend us to others?

Yes No (if no please explain)

May we quote your comments in a testimonial?

Yes No

Name (optional): _____

Phone (optional): _____

Email (optional): _____

Would you like us to contact you? Yes No

