

Name: _____

Date: _____

Patient Experience Questionnaire

Bayside Family Chiropractic and Wellness Centre - Dr. John Rae

Dr. John's mission is to provide and preserve the up most caring, educational and positive experience for all of his patients. We strive for this excellence everyday by recognizing that every step of your care is as important as the next.

You can help us reach and maintain our objectives by sharing your chiropractic questions, concerns, criticisms and experience with us.

Thank you for your time and effort.

I've been seeing Dr. John Rae for _____ (months/years)

I learned about Bayside Family Chiropractic and Wellness Centre through _____
(Community Event, Advertisement, Family member or friend referral, etc.)

1. Your Telephone Experience

Yes No

My call was answered promptly

My questions were answered appropriately

It was effortless to book an appointment

I was asked if the appointment was for my whole family

I was given all the appropriate contact information

2. Your Impression of our Receptionist (Over the Phone)

Yes No

Attentive

Friendly and Courteous

Informative

3. Your Impression of our Receptionist (In person)

Yes No

Greeted me with a smile and hand shake

Greeted me by name

Knew the purpose of my visit

Gave me undivided attention

Answered all my questions

4. Your Impression of our Office

Yes No

Welcoming

Neat and clean

Comfortable

5. Your Impression of our Tech CA

Yes No

Attentive

Friendly and Courteous

Knowledgeable

Answered all my questions

Made me feel comfortable

6. Your Impression of our Doctor

Yes No

Greeted me with a smile and hand shake

Greeted me by name

Made me feel comfortable

Listened to my concerns

Answered all my questions

Gave knowledgeable and clear information

7. Additional Questions

Yes No

Was your wait time reasonable?

Do you feel the fees were reasonable?

Did you understand what was included in the fees?

8. Before coming to the Chiropractor my main health concerns were:

9. Previous treatments concerning my health included:

10. Since having chiropractic care I have noticed (i.e. sleeping better, more energy, less stress, no headaches, no back pain etc.)

11. To my friends and family, I would tell them that chiropractic care:

12. Will you suggest us to others? Why or why not?

13. What do you like best about our office?

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

Thank you for your time!