



# PATIENT SURVEY

*Our mission is to provide excellent chiropractic care with kindness and compassion and to have a positive impact on our patients, community and world through our service to them. Your feedback about the care at our office will help us to meet that mission by best defining our patient needs.*

Please rate the following questions and let us know how well we met your expectations.

	Strongly Disagree	Somewhat Disagree	Agree	Somewhat Agree	Strongly Agree
1. The staff was courteous when setting up my appointment .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The staff members that worked with me were friendly, knowledgeable and professional .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The staff answered all my questions about my visit .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Dr. Stange was courteous and friendly.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Dr. Stange explained my injury/problem and plan of care in a way I could understand.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. At my visits I received enough individual attention and care .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. My personal privacy during treatment was respected .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I was pleased with the overall quality of care I received.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. The office was clean and well maintained.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. My costs for services and insurance benefits were explained so I could understand them.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. The staff was helpful in answering my questions and concerns about services and benefits.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I enjoyed my overall experience at Stange Chiropractic.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I would recommend care at Stange Chiropractic to my family and friends. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*Additional questions on back*

What did you like best about your visits to Stange Chiropractic?

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How could we improve your overall Stange Chiropractic experience?

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General comments:

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*Thank you for your time and assistance with this.*

(optional)

Would you like Dr. Stange to contact you about this survey?  yes  no

If so, please complete below.

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Email \_\_\_\_\_