Mobile Chiropractic

Patient Satisfaction Survey

To our valued patient,

To better serve you we would like you to complete the following survey. We appreciate any comments you have to make your experience a pleasant and beneficial one. Our Mission is to give you the highest quality of care and we strive to meet all your expectations.

Please circle the one that best fits your experience

Office Environment/Clean, Comfortable	Poor	Fair	Good	Very Good	Excellent
Ease of making the appointment	Poor	Fair	Good	Very Good	Excellent
Office Staff/Friendly, Courteous	Poor	Fair	Good	Very Good	Excellent
Waiting time before seeing the doctor	Poor	Fair	Good	Very Good	Excellent
Doctor answered and understood concerns	Poor	Fair	Good	Very Good	Excellent
Are the treatments comfortable	Poor	Fair	Good	Very Good	Excellent
Insurance benefits explained	Poor	Fair	Good	Very Good	Excellent

Would you recommend our service to your family and friends? Yes No

Any Comments you would like to share to improve our service

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