



Paun Family

Chiropractic and Wellness

Our mission is to maintain a dedicated, caring, and knowledgeable team committed to providing exceptional clinical services and chiropractic care. We strive towards this excellence through continuing education, technical advances, and compassionate care for all our patients.

You can help us reach and maintain this level of service by sharing your chiropractic needs and expectations. By completing this survey, you will be part of our team meetings and be assured that your comments will be discussed and acted upon. Thank you for your time and effort.

Please note that your privacy is 100% assured.

How did you choose our practice? (Mark all that apply)

- A friend or relative recommended you
- I saw the practice via search engine/ yellow pages
- I drove by and saw your sign
- You are part of my provider list

Other: _____

Your telephone experience was: (Mark all that apply)

- My call was answered promptly
- I was placed on hold too long
- I was referred to the website to get the forms
- It was easy to make an appointment
- I was offered a call back if needed
- I did not phone

Your impression of our website was: (Mark all that apply)

- I visited the website
- I registered to be a member or receive newsletters
- I found the website to be helpful/resourceful
- I printed out necessary forms ahead of time

Your impression of our parking lot/ ground was: (Mark all that apply)

- I found a parking spot with ease
- Clean

Your impression of our reception area was: (Mark all that apply)

- Comfortable
- Retail displays are well organized
- Countertops were free from clutter/ Neat and clean
- Child-friendly



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Your Impression of our Office Manager was: (Mark all that apply)

On the phone: Friendly and attentive Courteous Informative

In person: Stood and greeted me Aware of purpose of visit
 Seemed warm and cheerful Gave me undivided attention
 Seemed hospitable Answered all my questions

Your impression of our Doctor/ Therapists was/were: (Mark all that apply)

Introduced himself/ herself Listened to what I said
 Gave clear advice Answered all my questions
 Made me feel valued Seemed proficient and knowledgeable
 Gave me the information I needed Other: _____

Additional Visit Questions

Was your wait time reasonable? Yes No
Do you feel the fees were reasonable? Yes No
Did you understand all our fees? Yes No

If you marked "no," please explain: _____

Will you recommend us to others: Yes No

Why or why not: _____

What suggestions do you have for improving the office, staff, or procedures you experienced today: _____

If you would like us to contact you, please fill out the necessary information:

Name: _____

E-mail: _____

Phone: (____) _____