



We want to know how we are doing.

It's time for you to evaluate us.

Up to this time we have been evaluating you and your progress. Now it's time for you to tell us how we are doing with you and your care.

Remember, your feedback is very important to us.

Please take the time to let us know how you feel about your chiropractic care.
Please mark a 10 for the highest or most liked and a 1 for the lowest or least liked.

1. Is our staff courteous and treating you well? (All non-doctor personnel)
1 2 3 4 5 6 7 8 9 10
2. Do you have a good relationship with your doctor, and can you communicate well with him/her?
1 2 3 4 5 6 7 8 9 10
3. Are we educating you about chiropractic and your care?
1 2 3 4 5 6 7 8 9 10
4. How do you feel about your treatment schedule?
1 2 3 4 5 6 7 8 9 10
5. Is your account being handled the way you like? (Billing)
1 2 3 4 5 6 7 8 9 10
6. Are our hours convenient for you and your family?
1 2 3 4 5 6 7 8 9 10
7. Are you satisfied with your results? Do you feel you are getting your money's worth?
1 2 3 4 5 6 7 8 9 10
8. Do you have any suggestions that you feel will help us take better care of you or our other patients?

Thank you for helping us help you with your treatment. If you would like to comment about any aspect of your care to your doctor, a staff member or the clinic director, please feel free to let us know.

Sincerely,

Sound Chiropractic Center