



CLIENT EXPERIENCE QUESTIONNAIRE

Our mission is to maintain a dedicated, caring and knowledgeable team committed to providing exceptional client services and chiropractic care. We strive toward this excellence through continuing education, technical advances and compassionate care for all of our patients. You can help us reach and maintain the highest level of service by sharing your needs and expectations with us. Be assured that your comments will be discussed and acted upon. Your privacy is 100% assured. Thank you for your time and effort.

Please mail the completed form to our office at 640 Hwy 62 E, Mountain Home, AR 72653, fax to 870-425-7848, or drop it off on your next visit. If you have any questions, please call our office at 870-425-4424.

Date _____

How did you choose our practice?

- A friend or relative recommended the practice
- I saw the ad in the Yellow Pages
- I heard Dr. Osgood on the radio
- Other: _____
- I drove by and saw your sign
- Found you through search engines (i.e. Google, Yahoo)
- Found you through the Chamber website

Your Telephone Experience:

- My call was answered promptly
- I was referred to the website to get necessary forms ahead of time
- I was offered to be called back if needed
- Other: _____
- It was easy to make an appointment
- I was placed on hold too long
- I did not phone

Your Impression of our Receptionist (Over the Phone):

- Friendly and attentive
- Courteous
- Informative
- Other: _____

Your Impression of our Receptionist (In Person):

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

Your Impression of our Reception Area:

- Comfortable
- Retail displays are well organized
- Other: _____
- Neat & Clean
- Child-friendly



Your Impression of our Parking Lot/Grounds:

- Clean I found a parking spot with ease
 Other: _____

Your Impression of our website:

- I visited the website I found the website to be helpful & resourceful
 I printed out any necessary forms ahead of time
 I registered to be a member and/or to receive free newsletters
 Other: _____

Your Impression of our Doctor:

- Introduced himself 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 Questions:

- Was your waiting time reasonable? Yes No Explain _____
Do you feel the fees were reasonable? Yes No Explain _____
Did you understand our fees? Yes No Explain _____
Will you recommend us to others? Yes No Explain _____
What suggestions do you have for improving the office, staff or procedures? _____

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

Name _____ Email _____
Home Phone (_____) _____ Cell Phone (_____) _____

Thank you for your feedback!

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