

Practice Member Feedback #2

Name _____ Date _____

Our goal is to offer the very highest care possible to our practice members. Would you please help us by responding to these questions about your progress?

Changes often happen quickly during Initial Intensive Care as your body begins the natural healing process. Assuming these changes are temporary, many practice members neglect to tell us about them. Here's a way you can help us help you.

Care

What changes have you noticed since beginning care at NYCW?

Positive Changes _____

Negative Changes _____

On a scale of 1 to 10, rate your level of improvement:

No Change											Major Change
	1	2	3	4	5	6	7	8	9	10	

On a scale of 1 to 10, rate the level of improvement of your spine so far:

No Change											Major Change
	1	2	3	4	5	6	7	8	9	10	

Would you say your improvement is:

- Progressing at the speed you expected
- Taking longer than you expected
- Occurring much faster than you expected

Do you think you could adequately describe the difference between initial intensive Care and Corrective Care?

Yes No

Staff

How would you rate the concern shown by our staff?

Uninterested Deeply Concerned
1 2 3 4 5 6 7 8 9 10

How would you rate the training, qualifications, and competency of our staff?

Unorganized & Efficient and
Unprepared Knowledgeable
1 2 3 4 5 6 7 8 9 10

Is there anyone who has been especially helpful?

What ways would you change the staff, office or procedures we use to improve the quality of care?

What do you like most about our office? _____

We strive to fully inform our practice members about their condition and explain chiropractic and their health. How would you describe our educational efforts?

- Excellent. I've learned a lot.
- Helpful and interesting.
- Still leaves some questions unanswered.
- Could be significantly improved.
- Waste of practice member's and staff's time

Support

What kind of comments have you heard from your family and friends when you've told them about seeing Chiropractic?

What has been your greatest difficulty when explaining Chiropractic and what we do to others?

As with all private professionals, our practice is built upon referrals. Please list the people you feel would benefit from Chiropractic care and would like us to send them information.

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

Please mention any other general comments about our office:
