



NASHVILLE ACCIDENT PATIENT REVIEW FORM: QUESTIONNAIRE

At Nashville Accident and Injury Center our mission is to maintain a dedicated, caring and knowledgeable team committed to providing exceptional client services and Chiropractic Care. Our clinic strives toward this excellence through continuing education, technical advances and compassionate care for all of our patients.

You can help us reach and maintain this level of service by sharing your automobile accident, chiropractic needs and expectations. By completing this client survey, you will be a 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: Your privacy is 100% assured.)

	YES	NO
How Did You Choose our practice?		
A friend or relative recommended the practice	<input type="checkbox"/>	<input type="checkbox"/>
I drove by and saw your sign	<input type="checkbox"/>	<input type="checkbox"/>
I saw the practice in the Yellow Pages	<input type="checkbox"/>	<input type="checkbox"/>
Found you through the Search Engines	<input type="checkbox"/>	<input type="checkbox"/>
Other:		
 Your Telephone Experience:		
My call was answered promptly	<input type="checkbox"/>	<input type="checkbox"/>
It was easy to make an appointment	<input type="checkbox"/>	<input type="checkbox"/>
I was referred to the website to get necessary forms ahead of time	<input type="checkbox"/>	<input type="checkbox"/>
I was placed on hold too long		
I was offered to be called back if needed		
I did not phone		
 Your Impression of our Receptionist (Over the Phone):		
Friendly and attentive	<input type="checkbox"/>	<input type="checkbox"/>
Courteous	<input type="checkbox"/>	<input type="checkbox"/>
Informative	<input type="checkbox"/>	<input type="checkbox"/>
 Your Impression of our Receptionist (In Person):		
Stood and greeted me	<input type="checkbox"/>	<input type="checkbox"/>
Aware of purpose of visit	<input type="checkbox"/>	<input type="checkbox"/>
Seemed warm and cheerful	<input type="checkbox"/>	<input type="checkbox"/>
Gave me undivided attention	<input type="checkbox"/>	<input type="checkbox"/>
Seemed hospitable	<input type="checkbox"/>	<input type="checkbox"/>
Answered all my questions	<input type="checkbox"/>	<input type="checkbox"/>

Your Impression of our Reception Area:	YES	NO
Comfortable	<input type="checkbox"/>	<input type="checkbox"/>
Neat & Clean	<input type="checkbox"/>	<input type="checkbox"/>
Countertops free from clutter	<input type="checkbox"/>	<input type="checkbox"/>
Retail displays are well organized	<input type="checkbox"/>	<input type="checkbox"/>
Child-friendly		

Your Impression of our Parking Lot/Grounds:	YES	NO
Clean	<input type="checkbox"/>	<input type="checkbox"/>
I found a parking spot with ease	<input type="checkbox"/>	<input type="checkbox"/>

Your Impression of our website	YES	NO
I visited the website	<input type="checkbox"/>	<input type="checkbox"/>
I found the website to be helpful & resourceful	<input type="checkbox"/>	<input type="checkbox"/>
I printed out any necessary forms ahead of time	<input type="checkbox"/>	<input type="checkbox"/>
I registered to be a member and/or to receive free newsletters	<input type="checkbox"/>	<input type="checkbox"/>

Your Impression of our Doctor:	YES	NO
Introduced himself/herself	<input type="checkbox"/>	<input type="checkbox"/>
Listened to what I said	<input type="checkbox"/>	<input type="checkbox"/>
Gave clear advice	<input type="checkbox"/>	<input type="checkbox"/>
Answered all my questions	<input type="checkbox"/>	<input type="checkbox"/>
Made me feel valued	<input type="checkbox"/>	<input type="checkbox"/>
Seemed proficient and knowledgeable	<input type="checkbox"/>	<input type="checkbox"/>
Gave me the information I needed	<input type="checkbox"/>	<input type="checkbox"/>

Additional Questions:	YES	NO
Was your waiting time reasonable?	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel the fees were reasonable?	<input type="checkbox"/>	<input type="checkbox"/>
Did you understand all our fees?	<input type="checkbox"/>	<input type="checkbox"/>
If you marked "No" please explain.	<input type="checkbox"/>	<input type="checkbox"/>

Will you recommend us to others? Why or why not?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

What suggestions do you have for improving the office, staff or procedures?

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

Name:

Email:

Phone: