



Wellness
& Vitality

CHIROPRACTIC

Chiropractic Care – Patient Feedback & Evaluation Form

Thank you for choosing Wellness & Vitality Chiropractic! Your feedback helps us improve the quality of our care and service. Please take a few moments to complete this confidential form.

Section 1: General Information

(Optional – leave blank if you wish to remain anonymous)

- **Full Name:** _____
 - **Date of Visit:** ____ / ____ / ____
 - **Chiropractor's Name:** _____
 - **Type of Service Received:**
 - ☐ Adjustment
 - ☐ X-Ray
 - ☐ Free Consultation for New Patients
 - ☐ Other: _____
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Section 2: Appointment Experience

Please rate the following on a scale of 1 to 5 (1 = Very Dissatisfied, 5 = Very Satisfied)

Aspect	1	2	3	4	5
Ease of scheduling your appointment	☐	☐	☐	☐	☐
Friendliness of front desk staff	☐	☐	☐	☐	☐
Wait time before being seen	☐	☐	☐	☐	☐
Cleanliness and comfort of the clinic	☐	☐	☐	☐	☐

Section 3: Chiropractic Care Experience

Aspect	1	2	3	4	5
Explanation of treatment options	☐	☐	☐	☐	☐
Communication & professionalism of chiropractor	☐	☐	☐	☐	☐
Your comfort during treatment	☐	☐	☐	☐	☐
Effectiveness of treatment received	☐	☐	☐	☐	☐
Overall experience	☐	☐	☐	☐	☐

Section 4: Outcomes & Satisfaction

- **Did you feel your concerns were fully addressed?**
☐ Yes ☐ No ☐ Partially
 - **Have you experienced any relief/improvement since your visit?**
☐ Yes – Significant ☐ Some ☐ None ☐ Condition worsened
 - **Would you recommend our clinic to others?**
☐ Yes ☐ No ☐ Not sure
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Section 5: Additional Feedback

- **What did you like most about your visit?**
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 - **What could we improve?**
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.....
 - **Any other comments or suggestions?**
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☒ **Consent for Sharing Testimonial (Optional)**

If you are satisfied with our service, would you be willing to let us share your feedback (first name only) as a testimonial on our website or social media?

- ☐ Yes, I consent
☐ No, I prefer to keep my feedback private
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Thank you for your time and feedback!
Your input helps us continue to provide excellent chiropractic care.