



## GOFFSTOWN CHIROPRACTIC CARE, PLLC

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Thank you for choosing Goffstown Chiropractic Care, PLLC for your chiropractic care. Please complete this short survey to help us better understand your healthcare needs. Simply fill out this questionnaire and return it in the postage paid envelope included. While we appreciate an anonymous reply, we would be happy to contact you if you have any questions or concerns. Thank you for taking the time to give us valuable feedback.

Your chiropractor:

Dr. Peter Bailey  Dr. Matthew Swimelar

Your gender:  Female  Male

Your age (*optional*): \_\_\_\_\_

(*Optional*)

Name: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Best time to reach you: \_\_\_\_\_

Please contact me about this survey

### Please rate how we did during your *first visit* to this office:

Scheduling the visit:  Convenient  Neutral  Inconvenient

Length of time spent in our office:  Just right  Too long  Too short

Quality of care received:  Above expectations  What I expected  Below expectations

Overall opinion of your first visit:  Above expectations  What I expected  Below expectations

### Please rate how we are doing in the following areas of our practice:

Quality of care received:  Above expectations  What I expected  Below expectations

Front desk staff:  Above expectations  What I expected  Below expectations

Wait time in our office:  Just right  Too long  Too short

Cleanliness of office:  Very clean  Needs improvement  Did not notice

Scheduling appointments:  Convenient  Neutral  Inconvenient

Office atmosphere:  Above expectations  What I expected  Below expectations

Would you recommend our services to family & friends?  Yes  No  Undecided

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_