



Client Feedback

At Coast to Country we strive to provide the best possible service to our clients. Your feedback is an important tool to help us maintain and improve our standard.

Please complete as much or as little of the survey as you feel necessary. We appreciate your feedback and look forward to hearing from you.

Where applicable, please circle the correct response(s)

Date of your visit		Gender	Male	Female	
What service(s) did you receive?	Chiropractic	Massage	Microcurrent	PT	
Reception					
Friendliness of the reception staff	Very Good	Good	Fair	Poor	Very Poor
Efficiency of the reception staff	Very Good	Good	Fair	Poor	Very Poor
Comfort/Atmosphere of the reception waiting room	Very Good	Good	Fair	Poor	Very Poor
Chiropractor/Massage Therapist					
Friendliness	Very Good	Good	Fair	Poor	Very Poor
Communication & Listening skills	Very Good	Good	Fair	Poor	Very Poor
You were made aware of our additional treatment options that may be available to you?	Massage, Microcurrent, Biomesotherapy (Saline Needling), Practitioner Grade Supplements, None of the above				
Quality of information provided about treatment options and answers to questions	Very Good	Good	Fair	Poor	Very Poor
My therapist (if having massage) asked about the degree of pressure of the strokes used during the session and adjusted the pressure appropriately when asked	Very Good	Good	Fair	Poor	Very Poor
You were made to feel safe and comfortable	Very Good	Good	Fair	Poor	Very Poor
Comfort/Atmosphere of room	Very Good	Good	Fair	Poor	Very Poor
Your expectations of this consultation were met	Yes	No			
If no, please explain:					
Overall					
Cleanliness of our Clinic	Very Good	Good	Fair	Poor	Very Poor
All staff went above and beyond for you at this visit	Very Good	Good	Fair	Poor	Very Poor
Likelihood of recommending our Clinic to others	Very Good	Good	Fair	Poor	Very Poor
Overall rating of your Clinic experience	Very Good	Good	Fair	Poor	Very Poor
Comments					
What did we do best?					
How could we improve?					
Would you like someone from the Clinic to contact you regarding your visit?	Yes	No			
If so, your name please					