



**PATIENT FEEDBACK SURVEY**

The following information will assist us in evaluating the satisfaction level of patients utilizing the ActivHealthCare network. Providing quality chiropractic and alternative care with high patient satisfaction are our highest goals. Please take a few moments to answer the following questions regarding your recent visit to an ActivHealthCare provider. Your time and prompt response are greatly appreciated.

Provider's Name \_\_\_\_\_ Date of Visit \_\_\_\_\_ Patient Name \_\_\_\_\_

Telephone \_\_\_\_\_ May we contact you if we have questions? \_\_\_\_\_

1. Was this your first visit to this ActivHealthCare provider? \_\_\_\_\_
2. If your need for an appointment was due to an emergency was the provider able to see you the same day or within 18 hours? \_\_\_\_\_
3. If your appointment was NOT due to an emergency, was the provider able to see you within two business days? \_\_\_\_\_
4. Was your appointment set up within an acceptable timeframe? \_\_\_\_\_
5. Was the office clean, tidy and professional? \_\_\_\_\_
6. Was the office staff friendly, courteous and knowledgeable? \_\_\_\_\_
7. Was your waiting time in the office acceptable? \_\_\_\_\_
8. Was the provider courteous and professional? \_\_\_\_\_
9. Were the provider's procedures and/or plan of treatment explained to you to your satisfaction? \_\_\_\_\_  
\_\_\_\_\_
10. Were you satisfied with the care you received from this doctor? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Do you have any comments/suggestions or concerns regarding your care or your experience with this ActivHealthCare provider? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please fill out and mail to:  
ActivHealthCare, Inc., P.O. Box 1368, Lilburn, GA 30048  
If you have any questions or concerns you would like to discuss, please call our  
Provider Relations Department at (770) 455-0040.