

Patient Experience Survey

Thank you for the opportunity to serve your healthcare needs. Please help us by taking a few minutes to tell us about the service you have received. We appreciate your input and want to make sure we meet your expectations and improve our quality of care.

Please rate your experience by circling the answer.

Strongly Disagree = 1	Somewhat Disagree = 2	Neither Agree or Disagree = 3	Somewhat Agree = 4	Strongly Agree = 5
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- I was seen promptly with a minimal wait time (less than 10 minutes): 1 2 3 4 5
- The front desk was pleasant, courteous, and professional: 1 2 3 4 5
- The staff was knowledgeable and explained everything clearly: 1 2 3 4 5
- It was easy to make an appointment that met my preference: 1 2 3 4 5
- The office was clean and comfortable to receive treatment in: 1 2 3 4 5
- My concerns were listened to, and accommodations were made: 1 2 3 4 5
- I am satisfied with how my care was delivered: 1 2 3 4 5
- I felt valued as a patient: 1 2 3 4 5
- This was an excellent healthcare experience: 1 2 3 4 5

10. Would you recommend this clinic to a friend? Yes or No
10a. Why or Why Not?
11. What did you like or not like from this clinic experience?
12. How can improve our care and service?

My mission is simple. I want to help as many people as possible, achieve optimal health and live with the highest quality of life possible, naturally, through the use of acupuncture and chinese functional medicine.

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