

Dr. Roller's Family Wellness Office Evaluation

Name _____ Date _____

Evaluating Our Practice:

Do you feel that **we** are known as a Chiropractic Pediatric or Family Wellness practice? _____

What do you believe is **my** commitment to children and Chiropractic Pediatrics?

What is **your** commitment to children and Chiropractic Pediatrics?

Please check where you believe our office is in regards to a Family Wellness Practice.

	NEEDS WORK	NEEDS TWEAKING	TRANSFORMED
OFFICE ENVIRONMENT			
CHILD EDUCATION			
PARENT EDUCATION			
IN OFFICE EVENTS/PROGRAMS			
COMMUNITY EVENTS/PROGRAMS			
SCHOOL OUTREACH PROGRAMS			
STAFF/TEAMWORK FOR A FAMILY PRACTICE			
NEW PATIENT PROTOCOL			
FINANCIAL PLAN FOR FAMILIES			
STAFF SUPPORT/TRAINING FOR FAMILY PRACTICE			

Do you see any area in our practice where we could improve our communications, education or outreach to our patients or community? If so, would you share your thoughts?
