



## Patient Visit Time Tracker

Our practice always strives to improve the total experience we deliver to our patients.  
Thank you in advance for your help filling out this form.

**Date of appointment:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Instructions for returning:** \_\_\_\_\_

| STEP OF PATIENT VISIT  | TIME<br>(in minutes) | COMMENTS<br><small>(Optional: please note anything that made you happy or unhappy at any step)</small> |
|--|----------------------|--|
| Wait to set appointment                                      |                      |  |
| Time from parking to reception area                          |                      |  |
| Time to complete check-in                                    |                      |  |
| Wait in waiting room   |                      |  |
| Move to exam area  |                      |  |
| Wait for Chiropractor  |                      |  |
| Interaction (analysis and treatment) with Chiropractor       |                      |  |
| Move to any other station (NA if not applicable)             |                      |  |
| Wait for practitioner (NA if not applicable)                 |                      |  |
| Interaction with practitioner (NA if not applicable)         |                      |  |
| Move to checkout   |                      |  |
| Wait at checkout   |                      |  |
| Checkout   |                      |  |
| Set follow-up appointment (note if done as part of checkout) |                      |  |
| Time from checkout to parking area                           |                      |  |
| <b>TOTAL TIME ALL STEPS</b>                                  |                      |  |