

# Appointment request form

10 questions. About 2 min to answer.

## Contact details

### 1. Full name Required

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### 2. Email Required

E-mail: 

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### 3. Phone Required

Phone number: 

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## The visit

### 4. Which service would you like to book? Required

Choose all that apply.

☐ [Service 1]

☐ [Service 4]

☐ [Service 2]

☐ Other: 

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☐ [Service 3]

### 5. Have you been to us before? Required

Choose one answer.

☐ No, this is my first visit

☐ Yes, I'm a returning client

## Date and time

### 6. What date works best for you? Required

Date: 

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### 7. What time of day do you prefer? Required

Choose one answer.

☐ Morning

☐ Evening

☐ Afternoon

**8. Another date that works for you**

Date: \_\_\_\_\_

**Confirmation and notes**

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**9. How should we confirm your appointment?** Required

Choose one answer.

- |                                          |                                  |
|------------------------------------------|----------------------------------|
| <input type="radio"/> Email              | <input type="radio"/> WhatsApp   |
| <input type="radio"/> Text message (SMS) | <input type="radio"/> Phone call |

**10. Anything we should know before your appointment?**

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**Run it online for free**

Copy this template to SurveyNinja, send the link and the answers go into a ready report with charts.

[surveyninja.io/templates/appointment-request-form](https://surveyninja.io/templates/appointment-request-form)