A CHIROBASIX GUIDE · 2026

CHIROPRACTIC LEAD GENERATION PLAN

The 90-day omnipresent playbook: 25 lead sources, budgets by stage, speed-to-lead rules, a weekly scorecard, funnel math and referral partner scripts.

For chiropractic practice owners and front desk teams. Last reviewed November 2026.

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01 · PART 1

START HERE: THE THREE ENGINES

Lead generation is two jobs: get the hand raised, then catch it. This plan covers both.

Chiropractic lead generation is how a practice turns local people into inquiries (calls, forms, online bookings and texts) that become new patients. It works best on three engines at once: capturing people already searching, creating demand with people who aren't searching yet, and owning demand through past patients, referrals and reviews. A conversion layer (a fast website, an answered phone, a reply within minutes) decides how many of those leads become patients.

The three engines and the conversion layer

Engine	Who you reach	Examples	Judge it by
Capture	People searching for a chiropractor today	Google Maps and Business Profile, local SEO, AI search, Google Search ads, Local Services Ads	Cost per booked visit
Create	People who aren't searching yet	Facebook and Instagram video, YouTube, TikTok, direct mail, workshops, workplace talks, events	Cost per new patient who shows, over months
Own	People who already know you	Past patients, old leads, patient referrals, professional partners, reviews, email and text list	Patients back or referred per month
Convert	Every lead from every engine	Website booking path, live phone answering, AI front desk, instant text reply, reminders, tracking	Booked rate, show rate, minutes to first contact

WHY ONE CHANNEL ISN'T ENOUGH

From CHIROBASIX's State of Chiropractic Marketing 2027 report: among practices that ran Google Ads every month, the median cost per click rose 32% in a year ($4.24 to $5.61, Nov 2025 to Oct 2026). 83% of Meta leads came from instant forms. New leads ran 20% to 26% below the yearly average from August to October. And one mile from the office, the median audited practice was top 3 in Google Maps at 0% of map points (audits Jun to Nov 2026). A one-channel practice rides every one of those swings.

READ THIS FIRST

This plan is general education for practice owners, not legal advice. Rules on free offers, screenings, referrals, texting, patient privacy and advertising vary by state and change. Confirm anything you rely on with your state chiropractic board or a healthcare attorney. Report figures are medians from CHIROBASIX's State of Chiropractic Marketing 2027 report (chirobasix.com/guides/state-of-chiropractic-marketing/). Facts checked November 2026.

02 · PART 2

THE 25 LEAD SOURCES, SIDE BY SIDE

Pick at least one strong source in each engine, plus the conversion layer. You don't need all 25.

Master channel table

#	Lead source	Engine	Intent	Cost basis	Time to first lead	Best for	Effor
1	Google Business Profile and Maps	Capture	High	Free (team time)	Weeks	Every practice	Low t medi
2	Local SEO and location pages	Capture	High	Monthly SEO work	3 to 6 months	Established and multi-location	Medi
3	AI search (AEO)	Capture	High, small volume	Team or SEO time	Months	Every practice	Low t medi
4	Google Search ads	Capture	High	Per click: median $5.23; $23.55 per conversion	Days	Any practice that answers the phone	Medi
5	Google Local Services Ads	Capture	High	Per lead, price set by Google	Weeks (verification first)	Verified practices with strong reviews	Low
6	Facebook and Instagram video ads	Create	Low to medium	Budget; median $33.11 per lead, about $718 a month	2 to 8 weeks	Doctors willing to film	Medi

#	Lead source	Engine	Intent	Cost basis	Time to first lead	Best for	Effor
7	YouTube	Create	Low to medium	Google Ads video budget	Months	Practices with a video library	Medi
8	TikTok	Create	Low	Daily budget per ad group	Weeks	Practices with younger patients	Medi
9	Direct mail and new mover postcards	Create	Low to medium	Per piece (print and postage)	2 to 6 weeks	Growing towns, family practices	Low
10	Workshops and lunch-and-learns	Create	Medium	Your time, room, food	2 to 4 weeks	Doctors who like teaching	High
11	Corporate wellness and on-site events	Create	Medium	Your time	1 to 3 months to set up	Offices near employers	High
12	Community events and screenings	Create	Low to medium	Booth fee, your Saturday	Same day	Community and family practices	High
13	Sponsorships, schools and sports teams	Create	Low	Flat fee	Months	Tight-knit towns	Low medi
14	Nextdoor and local groups	Create	Low to medium	Free page, optional ads	Weeks	Suburban practices	Low
15	Chamber and networking groups	Create	Medium	Annual dues	1 to 3 months	New practices	Medi

#	Lead source	Engine	Intent	Cost basis	Time to first lead	Best for	Effor
16	Podcasts and local media	Create	Low	Your time	Months	Doctors with a story	Medi
17	Professional referral network	Own	High	Your time (never pay for referrals)	1 to 3 months	PI, sports, prenatal, family practices	Medi high
18	Patient referrals	Own	Very high	Free	Weeks	Every practice	Low
19	Google reviews (pace, not stars)	Own	Lifts every source	Free	Weeks	Every practice	Low autor
20	Reactivation of past patients and old leads	Own	High	Low (texts, emails)	Days	Established practices	Low
21	Email and text list (nurture)	Own	Medium	Low monthly software	Days	Practices with a list	Low
22	Memberships (keep the leads you win)	Own	Retention	Your pricing	Ongoing	Wellness and cash practices	Medi
23	Website conversion upgrades	Convert	Multiplier	One-time build	Days after launch	Every practice	Medi
24	AI front desk and after-hours booking	Convert	Multiplier	Monthly software	Days	Small or busy front desks	Low

#	Lead source	Engine	Intent	Cost basis	Time to first lead	Best for	Effor
25	Call tracking and speed-to-lead system	Convert	Multiplier	Monthly software	Immediately	Every practice	Low

Dollar figures are medians from the Google and Meta accounts CHIROBASIX manages (Nov 2025 to Oct 2026). Time to first lead and effort are our experience running these for practices, not measured data. Your market will differ.

Mark the sources you run today

- [ ] Capture: at least one source live (Google Business Profile counts)
- [ ] Create: at least one source live
- [ ] Own: reactivation, reviews or referrals run every week, not just when it's slow
- [ ] Convert: every lead answered within 5 minutes during office hours
- [ ] Convert: after-hours calls and forms get an instant reply
- [ ] Every source has its own tracking number or tagged link

03 · PART 3

FUNNEL MATH: KNOW YOUR NUMBERS

Cheap leads feel like winning. Run every source on cost per new patient and cost per acquired patient.

The formulas

- Cost per lead = spend ÷ leads
- Booked rate = booked first visits ÷ leads
- Show rate = first visits kept ÷ first visits booked
- Start-care rate = patients who started a care plan ÷ first visits kept
- Cost per new patient = spend ÷ first visits kept (= cost per lead ÷ (booked rate × show rate))
- Cost per acquired patient = spend ÷ patients who started care
- Leads you need = new patient goal ÷ (booked rate × show rate)
- Most you can pay per lead = target cost per acquired patient × booked rate × show rate × start-care rate

Worked example (example numbers, not data from any practice)

Step	Starting point	After fixing follow-up
Spend	$3,000	$3,000
Leads	100 (cost per lead $30)	100 (cost per lead $30)
Booked a first visit	40 (40%)	50 (50%, faster callbacks)
Showed up	30 (75%)	40 (80%, reminders added)
Started care	21 (70%)	28 (70%)
Cost per new patient	$100	$75
Cost per acquired patient	$142.86	$107.14

Your worksheet: fill one row per lead source, every month

Source	Spend	Leads	Booked	Showed	Started care	Cost per lead	Cost per new patient	Cost per acquired patient
Google Search ads								
Google Business Profile								
Facebook and Instagram								
Direct mail								
Referral partners								
Patient referrals								
Reactivation								
Events and talks								
Total								

EXAMPLE: HOW MANY LEADS YOU NEED

30 new patients a month at a 40% booked rate and a 75% show rate needs 30 ÷ (0.40 × 0.75) = 100 leads. Lift the booked rate to 50% and you need 80. Raising booked and show rates is usually cheaper than buying more leads.

04 · PART 4

BUDGET BY PRACTICE STAGE

A starting point, not a rule. Your market, schedule capacity and search volume change the answer.

Budget decision table

Stage	First priority	Paid budget goes to	Owned and relationship work	Don't
New practice (opening to about year two)	Show up for people already searching	Google Search ads, plus Local Services Ads once verified	Review ask from patient one, chamber, 2 to 3 referral partners, one workshop a month	Spend on awareness before your map listing and booking path work
Growing single office	Fix the conversion layer, then add a second engine	Google first, then Facebook and Instagram video once Google converts	Weekly reviews, quarterly reactivation, a referral habit, a corporate talk each quarter	Add channels faster than your front desk can answer them
Established or plateaued	Mine what you already own	Keep what converts; trim what doesn't, judged by cost per new patient	Reactivation, memberships, professional referral network, location pages	Assume more ad spend fixes a follow-up or retention problem
Multi-location	Repeat what works per office, track each office separately	Google and Meta per location, location-level tracking	Location pages, reviews per location, central call handling, partners per office	Blend all offices into one report and hide the weak one

For reference, chiropractors in Chiropractic Economics' 2025 Salary and Expense Survey averaged $13,540 a year on advertising and marketing, about 3% of $450,425 average collections. Most practices CHIROBASIX works with spend $1,000 to $1,500 a month on each paid platform they run, paid directly to the platform.

FRONT-LOAD JANUARY TO APRIL

In the report data (Nov 2025 to Oct 2026), new leads ran 2% to 9% above the yearly average from January to April, and Meta impressions were cheapest in January. Plan heavier demand creation and more community events in those months.

05 · PART 5

SPEED TO LEAD: THE FRONT DESK RULES

Most good leads die between the form and the first call. These rules close that gap.

WHAT THE RESEARCH SAYS

In “The Short Life of Online Sales Leads” (Harvard Business Review, March 2011), Oldroyd, McElheran and Elkington audited 2,241 US companies: 37% responded to a web lead within an hour, 23% never responded, and the average response time was 42 hours among those that responded within 30 days. In a separate analysis of 1.25 million leads, firms that tried to contact a lead within an hour were nearly seven times as likely to qualify it as firms that tried even an hour later. The study is from 2011 and isn't chiropractic-specific, but the direction holds.

The rules

Rule	What it looks like
The 5-minute rule (office hours)	Every new form, booking request or missed call gets a call back within 5 minutes.
The instant reply (always)	An automatic text within a minute that says who you are and offers times. After hours, an AI front desk or answering service books the visit.
Six touches, seven days	Calls, texts and an email across the first week, then a monthly nurture for non-responders.
Staff Monday mornings	Monday brought a median 18% of a practice's weekly leads in the report data (May to Nov 2026).
Measure it weekly	Median minutes from lead to first contact goes on the scorecard.
HIPAA-safe wording	Never mention the lead's condition in a text, even if they typed it into the form.

The instant text and the first callback

Only say what's true in your office, and only text people who asked to be contacted or opted in. Keep an opt-out in every marketing text.

FRONT DESK	(Automatic text) Hi [first name], thanks for reaching out to [Practice]! This is [Your name]. What time works best for a quick call to set up your first visit? Reply STOP to opt out.
FRONT DESK	(Call, within 5 minutes) Hi [first name], it's [Your name] from [Practice]. You just asked about a first visit, so I wanted to catch you while I had you. Is now a good time?
LEAD	Sure.
FRONT DESK	Great. What's going on that has you looking for a chiropractor?
LEAD	[Explains. Let them talk.]
FRONT DESK	Thanks for telling me. Your first visit with [Dr. Name] includes [what's included]. I have [day] at [time] or [day] at [time]. Which works better?

TEXTING CONSENT

Under FCC rules, telemarketing calls and texts to cell phones made with an autodialer or prerecorded voice need the person's prior express written consent (47 CFR 64.1200(a)(2)). Put clear text-consent wording on every form, and ask your texting platform and compliance advisor how your setup handles it.

THE 90-DAY OMNIPRESENT ROLLOUT

Fix the leaks first, then add one engine at a time, so every new lead source lands on a system that can catch it.

Days 1 to 30: catch what you already get

- [ ] Week 1: Pull the last 90 days of leads by source, booked, showed, started care and spend. Measure real speed to first contact and count missed calls.
- [ ] Week 2: Instant text reply on every form, the 5-minute callback rule, after-hours coverage, a seven-day follow-up sequence.
- [ ] Week 3: Tracking numbers per source, UTM tags on your Google profile and social links, form and booking events, one CRM for every lead, “How did you hear about us?” at intake.
- [ ] Week 4: Click-to-call and booking at the top of every page on a phone, a first-visit page, every Business Profile field complete, new photos, the first weekly post, automatic review requests.

Days 31 to 60: turn on capture, mine what you own

- [ ] Week 5: Google Search ads with tight keywords, a negative keyword list, and calls and bookings counted as conversions. Local Services Ads if you can pass verification.
- [ ] Week 6: Reactivation texts and emails to past patients not seen in 90 days and old leads who never booked. Reply to every response the same day.
- [ ] Week 7: List 20 referral partners (attorneys, PTs, gyms, massage therapists, OBs and doulas, family providers). Send the first five emails and book two coffees.
- [ ] Week 8: Batch-film 8 to 12 short educational videos. Book your first workshop or workplace talk for weeks 10 to 12.

Days 61 to 90: add demand creation

- [ ] Week 9: Run the education videos on Facebook and Instagram to a cold local audience. Build engaged-viewer audiences.
- [ ] Week 10: Hold your first lunch-and-learn, gym workshop or corporate talk, with a sign-up sheet and a QR code to a booking page made for it.
- [ ] Week 11: Show your new patient offer mainly to people who watched your videos. Check form settings and callback speed.
- [ ] Week 12: Test one more creation source (new mover postcards, a sponsorship with a QR code, or a Nextdoor push) with its own tracking number.
- [ ] Week 13: Compare every source on cost per new patient and cost per acquired patient. Keep the winners, fix or cut the rest, plan the next 90 days.

07 · PART 7

THE WEEKLY LEAD SCORECARD

Fifteen minutes every Monday. Same numbers, same order. Watch the trend, not one week.

Weekly lead scorecard

Metric	Where it comes from	This week	Last week	4-week average
New leads, by source	CRM and tracking numbers			
Calls answered live (%)	Phone system			
Missed calls	Phone system			
Median minutes to first contact	CRM			
First visits booked	Scheduling software			
Booked rate (booked ÷ leads)	Calculated			
Show rate (kept ÷ booked)	Scheduling software			
New patients (first visits kept)	Scheduling software			
Started care	Practice software			
Marketing spend	Ad platforms, invoices			
Cost per lead	Calculated			
Cost per new patient	Calculated			
New Google reviews	Google Business Profile			
Reactivated patients	Practice software			

Metric	Where it comes from	This week	Last week	4-week average
Referral partner touches	Your outreach log			

IF YOU ONLY TRACK THREE NUMBERS

Median minutes to first contact, show rate and cost per new patient.

ABOUT META AND WEBSITE TRACKING

Meta can restrict the data a health and wellness website sends it, including certain standard events like leads and bookings. Your website's form fills and bookings may never show up in Meta Ads Manager even when tracking is set up correctly. Judge Facebook and Instagram by your CRM (leads by source, booked, showed, started care), and never send patient details or condition-based page names into any ad platform.

LEAD VENDOR AND AGENCY QUESTION CHECKLIST

Ask these before you buy leads or sign with any lead generation company, including us.

Before you buy leads

- [ ] They tell you the exact source of every lead (which ad, which site, which offer)
- [ ] Leads come from a chiropractic-related offer, not sweepstakes, gift cards or free massages
- [ ] Exclusivity is in writing, with no short time limit
- [ ] They can show how consent to call and text was captured, naming your practice
- [ ] No “accident leads” from call centers that contact crash victims
- [ ] No guaranteed patient counts
- [ ] Credits for bad leads (wrong numbers, out of area, never asked to be contacted)
- [ ] You own the lead list, and you can export it any time

Before you sign with an agency

- [ ] You own the ad accounts, the website and the lead data
- [ ] “Lead” is defined in writing (no button clicks or page views)
- [ ] Reports show cost per new patient, not just cost per lead (ask for a sample)
- [ ] You know how they handle other chiropractors near you
- [ ] Contract length and exit terms are clear and fair
- [ ] Ad spend is separate from the fee and paid directly to Google and Meta
- [ ] Someone owns lead follow-up, with tools for instant replies and after-hours coverage
- [ ] They can explain Meta's health data restrictions and health ad policies
- [ ] They have a plan to get the doctor on camera (no stock footage)
- [ ] Named case studies and a current client you can call
- [ ] They tell you what they need from you each week
- [ ] They keep offers, disclaimers, testimonials and Medicare exclusions compliant with your state board

Shared vs exclusive vs your own

Model	Upside	Downside
Shared leads	Cheapest per lead	You race other practices to the phone
Exclusive leads	No race	Costs more; only as good as the contract
Pay per appointment	Aligned on paper	Watch show rates and how “booked” is defined
Generate your own	You own the data, audience and learning	Takes setup and patience

09 · PART 9

REFERRAL PARTNER OUTREACH SCRIPTS

Make it two-way and make it about their clients. Never offer payment for referrals.

REFERRAL RULES, IN PLAIN ENGLISH

Never pay for a referral. The federal Anti-Kickback Statute prohibits paying anything of value to induce or reward referrals for services paid by federal health care programs, and many states apply similar rules to every patient (Florida's patient brokering law, s. 817.505, is one example). Attorney ethics rules modeled on ABA Model Rule 7.2 allow reciprocal referrals with nonlawyer professionals only if they aren't exclusive and the client is told. Some states restrict soliciting accident victims (Florida s. 817.234(8)). Never mention a patient's condition in outreach, and get written permission before sending any patient report. General information, not legal advice.

Email: personal injury attorney

Subject: A quick intro from a chiropractor near your office

Hi [Name],

I'm [Dr. Name] at [Practice], about [X] minutes from your office. When your clients have been in a car accident, they often need prompt, well-documented care, and that's a big part of what we do.

We can usually see new patients within [timeframe], and our records and reports are clear and on time. I'd love to understand how you like to work with treating providers, and who else you trust, so I know where to send people who need an attorney.

Could I bring you a one-page overview of our reporting process and take 10 minutes of your time next week?

[Dr. Name] [Practice] · [Phone] · [email]

In person: personal injury attorney

Don't propose exclusivity, don't offer anything of value for referrals, and don't discuss any specific patient without that patient's written permission.

YOU Thanks for making the time. I'll keep it short. I'm [Dr. Name] at [Practice], and I wanted to put a face to the name.

ATTORNEY Sure. What do you have in mind?

YOU	When your clients need care after an accident, what makes a treating provider easy to work with, and what drives you crazy?
ATTORNEY	[Answers. Usually: slow records, missed appointments, unclear reports.]
YOU	That's helpful. Here's a one-page overview of how we document care and how fast we send records. We can usually see someone within [timeframe].
ATTORNEY	Okay.
YOU	And when our patients ask us for an attorney, I'd like to know who you trust. Is it alright if I check back in a month to see if this is useful?

Email: physical therapist

Subject: Sending patients your way (and back)

Hi [Name],

I'm [Dr. Name] at [Practice], down the road from [Clinic]. Some of our patients need care we don't provide, and I'd like to know who's great at it locally. I suspect a few of your patients ask about chiropractic, too.

Would you be open to a 15-minute coffee to compare notes on who each of us sees most, and when it makes sense to send someone over? I'm happy to come to you.

[Dr. Name] [Practice] · [Phone] · [email]

In person: physical therapist

YOU	Thanks for the coffee. I'm [Dr. Name] from [Practice]. I mostly wanted to learn what you see most and who you like to refer out to.
PT	[Answers.]
YOU	That's useful. We see a lot of [your main patient types]. When someone needs rehab and strengthening we don't provide, I'd love to know who to send them to.
PT	We do a lot of that.
YOU	Great. And if you have patients asking about chiropractic, we can usually see them within [timeframe]. With the patient's permission, we'll send you a short update so you're never out of the loop. Can I leave a few cards and check in next month?

Email: gym, CrossFit box or trainer

Subject: A free mobility talk for your members

Hi [Name],

I'm [Dr. Name] at [Practice], about [X] minutes from [Gym]. I'd love to give your members a free 20-minute talk on mobility and recovery: practical stuff they can use in their next workout, no sales pitch.

If it goes well, I'd also like to know who you send people to when they're banged up, and I'm happy to send our patients your way when they're ready to train.

Could I stop by for 10 minutes next week to see if it's a fit?

[Dr. Name] [Practice] · [Phone]

In person: gym owner or head coach

Keep gym promos educational. No medical claims, and any member offer must follow your state board's advertising rules.

YOU	Hi, I'm [Dr. Name] from [Practice] up the street. Do you have two minutes? I'm not here to sell anything.
GYM OWNER	Sure, what's up?
YOU	I'd like to do a free 20-minute mobility and recovery talk for your members, on a night that works for you. Practical, no pitch.
GYM OWNER	What would you cover?
YOU	Warm-ups that actually help, recovery between sessions, and when soreness is normal versus when to get checked. I'll bring a handout with your logo on it, too.
GYM OWNER	Could work. Let me check the calendar.
YOU	Perfect. Here's my card with my cell. I'll text you Thursday with two dates. And if your members ever need someone, we can usually see them within [timeframe].

Referral partner list (start with 20)

Partner type	Name	Contact	First touch (date)	Next step	Referrals sent	Referrals received
Personal injury attorney						
Personal injury attorney						

Partner type	Name	Contact	First touch (date)	Next step	Referrals sent	Referrals received
Physical therapist						
Primary care or specialist						
Massage therapist						
Gym, CrossFit box or trainer						
OB/GYN, midwife or doula						
Family or pediatric provider						
Running store, yoga or pilates studio						
Employer HR or wellness lead						

10 · PART 10

WORKSHOPS, EVENTS AND SCREENINGS: THE RULES

Community lead sources work because people trust someone they've met. Check these before your first event.

Before any screening, event or free offer

- [ ] You've read your state board's rules on screenings, solicitation and advertising free or discounted services
- [ ] Your free or discounted offer excludes Medicare and Medicaid patients, or a healthcare attorney has approved it (free services can be an inducement under section 1128A(a)(5) of the Social Security Act; OIG's nominal value limit is $15 per item and $75 per patient per year)
- [ ] Any required disclaimer is on every flyer and page (Florida example: Fla. Stat. 456.062 requires a specific all-caps statement on ads for free or discounted services)
- [ ] Your sign-up sheet asks permission to call, text and email, and only collects contact details
- [ ] Follow-up messages never mention anything you found or discussed
- [ ] Each event has its own QR code or booking page so you can count its leads

Talk ideas that teach (no pitch)

Audience	Talk
Office workers	Desk setup in 10 minutes
Warehouse and trades	Lifting and carrying without wrecking your back
Gym members	Warm-ups and recovery that actually help
Runners	Mobility for runners
Parents and schools	Backpacks and screen-time posture
Expecting parents	Comfortable movement in pregnancy (education only, no outcome claims)

11 · PART 11

DO THESE THREE THINGS THIS WEEK

They cost almost nothing and make every other lead source work better.

This week

- [ ] Measure your real speed to first contact on the last 20 leads
- [ ] Put an instant text reply on every form and missed call
- [ ] Pick one owned source (reactivation or reviews) and run it every week from now on

The full guide, with every number cited and linked, is at chirobasix.com/blog/chiropractic-lead-generation/. Report figures come from CHIROBASIX's State of Chiropractic Marketing 2027 report at chirobasix.com/guides/state-of-chiropractic-marketing/.

WANT IT BUILT FOR YOU?

MORE LEAD SOURCES, ANSWERED FASTER, TRACKED PROPERLY.

CHIROBASIX builds the websites, Google and Facebook ads, follow-up and reporting behind this plan for chiropractic practices. If you want us to look at where your leads come from today and where the gaps are, book a free call.

Book A Free Strategy Call

This guide is general education for practice owners, not legal, billing or tax advice. Insurance, Medicare, Medicaid and state rules vary and change. Confirm anything you rely on with a healthcare attorney, a billing specialist or your state board.

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