

PATIENT SATISFACTION & LOYALTY SURVEY

Why did you choose THIS office/therapist? Friend/Family Insurance book Attorney
 Physician referred Telephone directory Other:

1. Did any of the **FRONT OFFICE** staff help make your experience at STAR memorable? No Yes

If yes, who? _____ Please explain what they did?

2. How could we improve our front office?

3. Did any of the **CLINICAL** staff help make your experience at STAR memorable? No Yes

If yes, who? _____ Please explain what they did?

4. How could we improve our treatments?

5. Have you recommended us to any family member or friend? No Yes

If yes, may we ask whom? _____ Could you share what you said about us?
 If no, could you explain why?

May we use your statements in our literature? _____ May we use your name in our literature? _____

[If you answered yes to both questions above, please complete the rest of this form.]

Name _____ Signature _____ Date _____

Address _____

Email Address _____ Telephone _____