

PATIENT SATISFACTION SURVEY

Print the LAST name of your Therapist _____

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

Who is your primary care physician? _____

Was there a specialist physician that referred you? _____ (If yes, who: _____)

	strongly agree	agree	disagree	strongly disagree	no opinion
1. My therapist was courteous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My therapist understood my problem or condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The explanations my therapist gave me were helpful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The front desk person was courteous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I was satisfied with the treatment provided by the therapist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I was satisfied with the treatment provided by the assistants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The facility scheduled appointments at convenient times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. My first visit was scheduled quickly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. It was easy to schedule follow-up appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I was seen promptly when I arrived for treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. The location of the facility was convenient for me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Parking was available for me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. My bills were accurate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. The cost of treatments I received were reasonable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I would recommend this facility to family or friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I would return to this facility for care in the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. My privacy was respected during my care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Overall, I was satisfied with my experience here	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. Your age: _____years

20. Your gender: Male Female

21. Your ethnicity: Caucasian/White Hispanic/Latino Black/African American
 Asian/Pacific Islander Other

22. Choose the BEST description of your problem: Post Operative Chronic Minor Severe Other

23. What did you like BEST about your experience: _____

24. What did you like LEAST about your experience: _____

25. What would you say to someone considering this therapist or facility?: _____

May we use your statement 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 _____