

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 you have recommended us to someone, and they become a qualifying patient, you will receive a reward.
 Who did you refer? _____ Could you share what you said about us?

If you have not recommended us to someone, 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.]

[If you have recommended us and they become a patient, fill out the rest of the form so we can reward you.]

Name _____ Signature _____ Date _____

Address _____

Email Address _____ Telephone _____