

PATIENT SATISFACTION SURVEY

Dear Patient,

You recently completed Physical Therapy at our clinic and because we strive to deliver the best possible therapy services, we are interested in learning how we can improve our performance and enhance our patients' experience.

Please take a few minutes to complete this brief survey. Please return your completed form to us.

Thank you for choosing (Facility Name) for your therapy needs. We appreciate your business and your feedback.

Name (optional): _____ **Age:** _____ **Gender:** ____ **Male** ____ **Female**

1. How did you learn about the facility: _____

2. Who was your Therapist: _____

3. Was this your first experience with physical therapy? ____ **YES** ____ **NO**

4. Was this your first experience with this facility? ____ **YES** ____ **NO**

5. Please indicate what area of the body you were receiving treatment on: (check all that apply)

- Neck Shoulder Elbow Hand Hip Low Back Knee Foot
 Ankle Other _____

Satisfaction Ratings:

Please rate your degree of satisfaction with each of the following statements on:

6. The staff's ability to provide clear and concise information to you regarding billing and insurance information.

- Excellent Good Fair Poor

7. The courtesy and professionalism displayed by the staff.

- Excellent Good Fair Poor

8. The courtesy and professionalism displayed by your therapist.

- Excellent Good Fair Poor

9. The satisfaction of the treatment provided by your therapist.

- Excellent Good Fair Poor

10. The knowledge of the therapist regarding your problem / condition.

- Excellent Good Fair Poor

11. The benefit of physical therapy for your problem / condition.

- Excellent Good Fair Poor

12. The protection of your privacy.

- Excellent Good Fair Poor

13. The satisfaction on the overall quality of care you received.

- Excellent Good Fair Poor

Comments: _____
