

PATIENT SATISFACTION SURVEY

Our clinic is continually striving to maintain the highest quality of care delivered to patients and to improve whenever possible. One of the most helpful tools we use is honest feedback from our patients. Please take a few moments to complete this questionnaire regarding your therapy.

Rate the following items in relation to your therapy experience by circling the appropriate number.

FRONT OFFICE	Very Satisfied	Satisfied	Unsatisfied
1. Telephone skills	3	2	1
2. Professionalism	3	2	1
3. Courteous, friendly, helpful	3	2	1
4. OVERALL satisfaction with front office services	3	2	1

THERAPIST			
PLEASE CIRCLE YOUR PRIMARY THERAPIST:			
JOSEPH, P, MS, OCS KEVIN LINDBLOOM, MPT			
5. Knowledge about condition	3	2	1
6. Courteous, friendly	3	2	1
7. Explanation of treatment goals	3	2	1
8. Listening to my questions, concerns & goals	3	2	1
9. Professionalism	3	2	1
10. Explanation of home exercise program	3	2	1
11. OVERALL satisfaction with therapist's services	3	2	1

SUPPORT STAFF			
12. Courteous, friendly	3	2	1
13. Professionalism	3	2	1
14. OVERALL satisfaction with support staff	3	2	1

FACILITY			
15. Friendly, comfortable atmosphere	3	2	1
16. Facility hours	3	2	1
17. Quality of equipment	3	2	1

18. OVERALL satisfaction with our services	3	2	1
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19. Would you recommend our clinic to others? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why? _____ _____

20. Additional Comments: _____ _____
