

Center for Physical Therapy - Patient Satisfaction Survey

Thank you for choosing Center for Physical Therapy as your physical therapy provider. We truly value you as a patient and would like to continue to provide outstanding service to your EVERY VISIT! Your honest feedback is appreciated. Please help us to exceed your expectations by filling out this brief survey. Thank you for your time.

Name of your Referring Physician:

Courtesy of office personnel

Very Satisfied Satisfied Neutral Dissatisfied Very Dissatisfied

Courtesy of clinical staff

Very Satisfied Satisfied Neutral Dissatisfied Very Dissatisfied

Phone etiquette of front office staff

Very Satisfied Satisfied Neutral Dissatisfied Very Dissatisfied

Clinician introduced him/herself to me personally

Yes No

The evaluation and treatment I received was explained in a clear and helpful manner

Very Satisfied Satisfied Neutral Dissatisfied Very Dissatisfied

The aides were helpful and courteous in all aspects of my care

Very Satisfied Satisfied Neutral Dissatisfied Very Dissatisfied

Helpful responses were provided for my questions and concerns

Very Satisfied Satisfied Neutral Dissatisfied Very Dissatisfied

My initial evaluation was scheduled within 24-48 hours or within my desired time frame

Yes No

Appointments were scheduled to my convenience

Very Satisfied Satisfied Neutral Dissatisfied Very Dissatisfied

When I arrived for my appointment the service began promptly

Very Satisfied Satisfied Neutral Dissatisfied Very Dissatisfied

I received enough individual attention from my therapist

Very Satisfied Satisfied Neutral Dissatisfied Very Dissatisfied

My clinician communicated with my doctor regarding my therapy process

Very Satisfied Satisfied Neutral Dissatisfied Very Dissatisfied

Please rate the improvement in your condition due to physical therapy

Very Satisfied Satisfied Neutral Dissatisfied Very Dissatisfied

Cleanliness of facility

Very Satisfied Satisfied Neutral Dissatisfied Very Dissatisfied

Atmosphere

Very Satisfied Satisfied Neutral Dissatisfied Very Dissatisfied

Equipment type and availability

Very Satisfied Satisfied Neutral Dissatisfied Very Dissatisfied

Parking

Very Satisfied Satisfied Neutral Dissatisfied Very Dissatisfied

Paperwork and procedures were explained in a clear and helpful manner

Very Satisfied Satisfied Neutral Dissatisfied Very Dissatisfied

Handling of billing and co-pays

Very Satisfied Satisfied Neutral Dissatisfied Very Dissatisfied

What is your overall impression of the Center for Physical Therapy

Very Satisfied Satisfied Neutral Dissatisfied Very Dissatisfied

What could we have done to make your visit better

Would you refer someone to the Center for Physical Therapy?

Yes No

Would you recommend that your physician refer patients to the Center for Physical Therapy?

Yes No

Can we share your comments as testimonials or with your referring physician?

Yes No

Name (first name, last name) (required)

Contact e-mail

Comments