



PATIENT SATISFACTION SURVEY

Thank you for choosing The Physiotherapy Center Ltd. Your complete satisfaction is important to us. Please take a moment to complete this brief survey. We appreciate your feedback. All feedback received will be kept strictly confidential and used to ensure total satisfaction on future visits.

PATIENT NAME (Optional): _____
TREATING PHYSIOTHERAPIST: _____
APPROXIMATE NO. OF VISITS: _____

RECEPTION

- | | | |
|--|--------|-------|
| 1. I was greeted courteously on the phone and at the front desk. | YES___ | NO___ |
| 2. My questions were answered clearly. | YES___ | NO___ |
| 3. I found it easy to schedule the times and dates I needed. | YES___ | NO___ |
| 4. The reception area was kept clean and organized. | YES___ | NO___ |

If you answered "no" the any of the above questions, please provide an explanation which will help us to serve you better.

TREATMENT/THERAPIST

- | | | |
|---|--------|-------|
| 1. My therapist was knowledgeable and professional. | YES___ | NO___ |
| 2. My therapist spent the right amount of time with me. | YES___ | NO___ |
| 3. My therapist answered my questions clearly. | YES___ | NO___ |
| 4. My therapist treated me respectfully. | YES___ | NO___ |
| 5. I am satisfied with the services received from my therapist. | YES___ | NO___ |
| 6. My home exercise was explained to my satisfaction. | YES___ | NO___ |
| 7. Treatment room was clean, organized and comfortable. | YES___ | NO___ |

If you answered "no" the any of the above questions, please provide an explanation which will help us to serve you better.

OVERALL

What were you most satisfied with at the clinic?

What can we do to make your future visits more pleasant?

I would recommend The Physiotherapy Center Ltd. to others? YES___ NO___