

PATIENT SATISFACTION SURVEY

We appreciate you choosing Advanced Physical Therapy for your rehab needs. Your satisfaction is important to us. Please let us know how your experience was so that we can do our best to improve. Your review and comments are highly valued. Thank You!!

Date: \_\_\_\_\_

Therapist Name: \_\_\_\_\_

Your Name (Optional): \_\_\_\_\_

	Disagree			Agree	
	1	2	3	4	5
The time the therapist spent with me during the initial evaluation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The communication between myself and the therapist in setting my goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explanation of therapy treatment and expected benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The staff concern for my privacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helpful information given to myself and family about my condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff's attention to personal and special needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meeting my personal goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff was friendly, courteous, and professional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There was minimal waiting time for my therapy session	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall satisfaction with my progress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall satisfaction with therapy services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you recommend Advanced Physical Therapy to friends and family? Why or why not?

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Did you receive outstanding attention from any of our staff members? If so, please share with us so we can commend him/her. Also, if you have any constructive criticism for any of our staff, please let us know that as well.

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