



PATIENT SATISFACTION SURVEY

Your opinion matters to us! We would appreciate your valuable feedback so that we may use it to implement improvements to do the best job we can for you and for future patients. Thank you for taking the time!

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. I am pleased with the overall appearance and accessibility of the clinic.	4	3	2	1	0
2. The front desk staff is courteous and friendly.	4	3	2	1	0
3. I am comfortable with the scheduling process and understand the frequency necessary to improve my injury.	4	3	2	1	0
4. I understand the expectations of upfront collections for my insurance policy, if any are required.	4	3	2	1	0
5. I feel privacy is a priority at this clinic.	4	3	2	1	0
6. I feel my therapists take an appropriate amount of time to understand my personal needs and goals.	4	3	2	1	0
7. My therapist educated me about my injury so that I understand it enough to explain it to someone else.	4	3	2	1	0
8. I know how to manage my injury enough to not re-injure myself.	4	3	2	1	0
9. I feel comfortable working with my therapists.	4	3	2	1	0
10. I would refer friends or family to you.	4	3	2	1	0

Please explain, using the above question numbers, any items where you disagreed or strongly disagreed:

What other ways do you feel we could improve our clinic or provide more/better services to your community?

In what ways do you know us?

MD Referral

Website

Facebook

Friend or Family

Other: _____

If we asked you for a testimonial about our business, what would it be?

Can we have your permission to use your testimonial in our marketing and/or advertising?

No

Yes, Here is my signature for permission: _____

Date Completed: ____/____/____

Patient name (optional) _____