

ADVANCED PHYSICAL THERAPY^{LLC}

ORTHOPEDICS - SPINE - SPORTS MEDICINE

PATIENT SATISFACTION SURVEY

1. Which clinic did you visit and which therapist did you see?
2. The person who answered your phone call was courteous and helpful? Please explain.
Agree Somewhat agree Disagree Strongly disagree
3. I was treated pleasantly and felt welcomed upon arrival for my appointments. Please explain.
Agree Somewhat agree Disagree Strongly disagree
4. The ancillary staff (aides) were personable and helpful. Please explain.
Agree Somewhat agree Disagree Strongly disagree
5. I was satisfied with the time the therapist spent with me. Please explain.
Agree Somewhat agree Disagree Strongly disagree
6. The therapist was personable, helpful and explained my injury/condition. Please explain.
Agree Somewhat agree Disagree Strongly disagree
7. I am satisfied with my overall treatment and functional improvement. Please explain.
Agree Somewhat agree Disagree Strongly disagree
8. My bill was easy to read and understand. Please explain.
Agree Somewhat agree Disagree Strongly disagree
9. The billing and office staff were professional and efficient. Please explain.
Agree Somewhat agree Disagree Strongly disagree
10. I would recommend this clinic to a friend, family and/or colleague. Please explain.
Agree Somewhat agree Disagree Strongly disagree