

PATIENT SATISFACTION SURVEY

Dear Patient,

Congratulations on completing your therapy! We hope you are more than satisfied with all of our services and have reached your rehabilitation goals. Please take a moment to fill out this questionnaire so that we may keep providing excellent care. Your answers are confidential.

<i>Please rate the following</i>	Excellent	Good	Fair	Poor
Friendly and courteous behavior				
Professionalism				
Communication regarding your injury / condition				
Therapist and staff attentiveness to your needs				
Timely attention to your needs				
Location of clinic / Parking				
Flexible appointment scheduling				
Condition and cleanliness of clinic				
Your goals have been met				
Overall rating of Rehab Solutions				

If you are satisfied with the services, would you tell your physician? Yes No

If given the opportunity, would you recommend this clinic to others? Yes No

• What do you like best about our clinic? _____

• What would you recommend we do to improve the quality of our clinic? _____

• Additional Comments: _____

Print Name: _____ **Date:** _____
 (Optional)

TESTIMONIAL RELEASE STATEMENT

The following is optional. By signing below I give permission to Rehab Solutions Physical Therapy to use my reviews, answers or opinions as patient testimonial. Patient testimonials will only be sent to physicians or disclosed as a true evaluation of Rehab Solutions to the general public with only my first name and last initial.

If you do not wish to have your opinion seen for review by anyone other than Rehab Solutions, do not sign below.

Signature: _____ **Date:** _____