

PATIENT SATISFACTION SURVEY

Courtesy of office personnel:

Very Satisfied Satisfied Neutral Dissatisfied Very Dissatisfied

Courtesy of clinical staff:

Very Satisfied Satisfied Neutral Dissatisfied Very Dissatisfied

Phone Etiquette of front office staff:

Very Satisfied Satisfied Neutral Dissatisfied Very Dissatisfied

Clinician introduced him/herself to me personally:

Yes No

The evaluation and treatment I received was explained in a clear and helpful manner:

Very Satisfied Satisfied Neutral Dissatisfied Very Dissatisfied

Helpful responses were provided for my questions and concerns:

Very Satisfied Satisfied Neutral Dissatisfied Very Dissatisfied

My initial evaluation was scheduled within 24-48 hours or within my desired time frame:

Very Satisfied Satisfied Neutral Dissatisfied Very Dissatisfied

My appointments were scheduled to my convenience:

Very Satisfied Satisfied Neutral Dissatisfied Very Dissatisfied

When I arrived for my appointment the service began promptly:

Very Satisfied Satisfied Neutral Dissatisfied Very Dissatisfied

I received enough individual attention from my therapist:

Very Satisfied Satisfied Neutral Dissatisfied Very Dissatisfied

My home exercise program was updated at each visit:

Very Satisfied Satisfied Neutral Dissatisfied Very Dissatisfied

My clinician communicated with my doctor regarding my therapy progress (if relevant):

Very Satisfied Satisfied Neutral Dissatisfied Very Dissatisfied

Please rate the improvement in your condition due to physical therapy:

- Very Satisfied Satisfied Neutral Dissatisfied Very Dissatisfied

Cleanliness of facility:

- Very Satisfied Satisfied Neutral Dissatisfied Very Dissatisfied

Atmosphere:

- Very Satisfied Satisfied Neutral Dissatisfied Very Dissatisfied

Equipment type and availability:

- Very Satisfied Satisfied Neutral Dissatisfied Very Dissatisfied

Parking:

- Very Satisfied Satisfied Neutral Dissatisfied Very Dissatisfied

Accessibility by car or mass transit:

- Very Satisfied Satisfied Neutral Dissatisfied Very Dissatisfied

Paperwork and procedures were explained in a clear and helpful manner:

- Very Satisfied Satisfied Neutral Dissatisfied Very Dissatisfied

Handling of billing and co-payments:

- Very Satisfied Satisfied Neutral Dissatisfied Very Dissatisfied

What was your overall impression of Ergo Physical Therapy?

- Very Satisfied Satisfied Neutral Dissatisfied Very Dissatisfied

What could we have done to make your visit better?

Would you refer someone to Ergo Physical Therapy?

- Yes No

Would you recommend that your physician refer patients to Ergo Physical Therapy?

- Yes No

Can we share your comments as testimonials or with your referring physician:

- Yes No

Name (First name Last name)(Optional):

Contact E-mail (Optional):

Comments:

I authorize Ergo PT to publish my comments on their website and/or print materials, along with my first name, last initial and city/town.

- Yes No

Thank you for taking the time to participate in our quality assurance survey, your feedbacks are important, respected and taken into consideration in our ongoing effort to improve our services.

Sincerely,

Ron Kassab, DPT
and Staff