



P R E M I E R
PHYSICAL THERAPY

Where it's all about you... all the time.

Dear Patient:

You recently received physical therapy services at our facility. Because we strive to deliver the best possible physical therapy services, we are interested in learning from patients how we might improve or enhance our services. Please take a few minutes to complete and return this questionnaire.

Thank you very much for your feedback!

-----Premier Physical Therapy Patient Satisfaction Questionnaire-----

1. Name (optional) _____ **Date** _____

****Email Address** _____

2. Company _____ **Job Title** _____

3. Your Age _____ **Male** _____ **Female** _____

4. How did you learn about this facility?

5. Was this your first experience with physical therapy? _____

6. Was this your first experience with this facility? _____

7. Please check the location/Type of problem for which you received physical therapy. (Check all that apply.)

Neck Vertigo/Balance Disorder Cancer
 Back Foot/ Ankle Other, please indicate _____
 Shoulder Hand/ Wrist
 Elbow Knee
 Hip Balance

**Email address, if provided, will only be used for patient correspondence. It will not be shared with any company or individual outside of Premier Physical Therapy.

**Rate your degree of satisfaction with each of the following statements. Place one of the following in each blank space provided
(1= Strongly Agree, 2=Agree, 3=Disagree, 4=Strongly disagree)**

- 8. The front office staff was pleasant, professional and efficient.**
- 9. It was easy to schedule appointments.**
- 10. The appearance of the facility was pristine.**
- 11. My privacy was respected during my physical therapy care.**
- 12. My physical therapist was courteous.**
- 13. My physical therapist understood my problem or condition.**
- 14. The instructions my physical therapist gave me were helpful.**
- 15. I was satisfied with the treatment provided by my physical therapist.**
- 16. I was satisfied with the overall quality of my physical therapy care.**
- 17. I would recommend this facility to family and friends.**
- 18. Overall, I was satisfied with my experience at Premier Physical Therapy.**
- 19. I was pleased with my home exercise program.**

What did you like about Premier Physical Therapy?

What did you dislike about Premier Physical Therapy?

What can we do to improve our services?

I authorize Premier Physical Therapy to use my name and comments for advertising and information purposes.

I would prefer that only my first name be used.

I would prefer that my name not be used.