

## PATIENT SATISFACTION SURVEY

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We hope you enjoyed your time with us!! To help us better serve you, please complete this survey and return it to the front desk at your convenience.

Thank you! **\*Please check the box that most closely represents your feelings about a particular aspect of the therapy program in which you were involved.**

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
My overall experience here was good, and I would recommend Toepperwein Physical Therapy to my family, co-workers, associates, and friends.					
I was greeted courteously on the phone and at the front desk.					
The check-in process was timely and efficient.					
The reception area was kept clean and organized.					
Paperwork and procedures were explained in a clear and helpful manner.					
Handling and Explanation of billing procedures and financial responsibilities were explained to my satisfaction.					
Appointments were scheduled to my convenience.					
When I arrived for my appointment the service began promptly.					
I received enough individual attention from my therapist.					
Length of time spent on my treatment was appropriate.					
The evaluation and treatment I received was explained in a clear manner.					
Helpful responses were provided for my questions and concerns.					
My clinician communicated with my doctor regarding my therapy process.					
My privacy was respected during my physical therapy care.					
Support staff was attentive, respectful and understanding.					
The aides were helpful and courteous in all aspects of my care.					
Gym/Treatment rooms were kept clean and organized.					
My home exercise program was explained to my satisfaction.					
I was comfortable with progression of exercises during treatment.					
I am better off as a result of my care (i.e., less pain, better function, more informed about my condition, etc.).					
What could we have done to make your visit better?					
Additional Comments:					