

# Patient Satisfaction Survey

Select Therapy is dedicated to providing the highest quality of physical therapy care possible. We are interested in learning from our patients how we might improve or enhance our services. We highly value your feedback.

## Background Questions

Gender: Male / Female      Age: \_\_\_\_\_      Clinic Location:     Baxter     Crosslake     Pierz

How did you learn about this facility? (Check all that apply)

Physician     Friend     Former Patient     Internet     Phone book     Newspaper Ad     Athletics     Other

Primary Physical Therapist: \_\_\_\_\_

Primary PTA: \_\_\_\_\_

Registration / Reception / Scheduling	Poor	Fair	Good	N/A
Helpfulness, politeness, and courtesy of receptionist(s)				
The receptionist(s) did their best to schedule your appointments at days/times that were convenient to you.				
Your initial evaluation was scheduled promptly after it was determined that you needed physical therapy.				
The front desk staff verified your insurance and let you know the amount of your co-payment.				
Cleanliness of the facility overall.				
Comfort of the waiting area.				
<b>Physical Therapy Treatment</b>				
Treatment staff kept to the schedule / Your appointment was started on time.				
Friendliness, politeness, and courtesy of your physical therapist.				
Friendliness, politeness, and courtesy of your physical therapist assistant.				
Explanation of your diagnosis and your care plan.				
Skill of your treatment staff.				
Degree to which your concerns were addressed by the treatment staff.				
Overall quality of the treatment performed.				
Degree to which you participated in decisions about your therapy.				
<b>Billing</b>				
Friendliness, politeness, and courtesy of the billing staff.				
The billing staff answered all of my questions sufficiently.				
<b>Overall Assessment</b>				
The clinic's staff worked well together in providing my care				
Degree to which your level of function increased over the course of your treatment				
Overall rating of your experience with Select Therapy.				
Likelihood of you recommending us to friends, family, and/or co-workers that may be in need of physical therapy.				

In your own words, let us know any positive experiences you had or issues or concerns you may have about our services or practices and therapy.

Thank you for your participation! Completed surveys can be placed in the survey drop box at the front desk.