



128 Ames Street * Elk Rapids, MI 49629 * Ph. 231-264-6682 * Fax 231-264-9188

We are pleased you chose our facility for your physical therapy treatment. It is important for us to know how you feel about our office so that we may continue to improve our services to you and to others. We would appreciate a few moments of your time in completing this questionnaire. Your responses will be kept confidential.

1. How did you choose our practice? (Please check all that apply)

Friend/relative _____ Former patient _____ Employer _____ Physician _____ Yellow Pages _____ Hospital _____
 Insurance company _____ Newspaper _____ Radio _____ Other (please specify) _____

2. Please circle the most appropriate response.

	<u>Strongly agree</u> 1	<u>Agree</u> 2	<u>Disagree</u> 3	<u>Strongly disagree</u> 4	<u>Not applicable</u> N/A
The reception area was clean and comfortable.	1	2	3	4	N/A
I was in the waiting room 10 minutes or less.	1	2	3	4	N/A
The treatment areas were clean and comfortable.	1	2	3	4	N/A
Once I was in the treatment area, I waited 10 minutes or less for my treatment.	1	2	3	4	N/A
I am please with how the therapist conducted the initial evaluation.	1	2	3	4	N/A
The therapist was knowledgeable about my condition.	1	2	3	4	N/A
My treatment plan was clearly explained to me by the therapist.	1	2	3	4	N/A
I participated in setting the treatment goals with the therapist.	1	2	3	4	N/A
The therapist answered all of my questions.	1	2	3	4	N/A
I am satisfied with how the treatments were performed.	1	2	3	4	N/A
I feel I am progressing toward the treatment goals as a result of the treatment.	1	2	3	4	N/A
The staff's attitude was friendly and professional.	1	2	3	4	N/A
Support Staff	1	2	3	4	N/A
Physical Therapist	1	2	3	4	N/A
Billing personnel	1	2	3	4	N/A
If I needed physical therapy in the future, I would return to this facility.	1	2	3	4	N/A

What suggestions do you have to help us improve our services? Please include any comments you may have.

Thank you for your time and consideration. Name (optional): _____