



OPTIMAL PHYSICAL THERAPY AND INDUSTRIAL REHABILITATION

PATIENT SURVEY FORM

Please take a moment to let us know how well we are doing and what we can do to improve our services to you by filling out this survey. You can rate the survey questions below based on the following scale (please circle):

N/A = Not Applicable 1 = Unsatisfactory 2 = Fair 3 = Average 4 = Good 5 = Excellent

- Was our staff friendly and helpful on the phone with you?
1 2 3 4 5
- Have all office staff members been courteous and helpful?
1 2 3 4 5
- Were your benefits adequately explained to you?
1 2 3 4 5
- Have the office and treatment areas always been clean and comfortable?
1 2 3 4 5
- Did the clinic have scheduled appointments at convenient times for you?
1 2 3 4 5
- Was it easy to schedule your appointments?
1 2 3 4 5
- Were you always seen promptly when you arrived for treatment?
1 2 3 4 5
- Was the check-in process prompt and efficient?
1 2 3 4 5
- Was your therapist courteous and helpful?
1 2 3 4 5
- Did your therapist fully explain your problem and how they would treat it?
1 2 3 4 5

- Did you receive a home program and were you instructed properly in activities to do at home?

1 2 3 4 5

- Would you recommend this facility to your friends or family?

1 2 3 4 5

- Will you return to OPT if future care is needed?

1 2 3 4 5

- How was your overall satisfaction with your experience in therapy? Please share your comments: