

## Physical Therapy Patient Satisfaction Survey

Function First Physical Therapy values your feedback and input. If you could take a moment to answer the following questions it would be greatly appreciated. We use this information to improve our services and assist us in providing superior customer service.

### Initial Contact and Availability

- I was able to reach administrative staff during business hours.
- I was able to schedule an initial evaluation in a timely fashion.
- Insurance matters & payment were explained effectively and clear.
- All phone calls were returned in timely fashion.

<i>Strongly Disagree</i>	<i>Somewhat Disagree</i>	<i>Agree</i>	<i>Somewhat Agree</i>	<i>Strongly Agree</i>
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Comments: \_\_\_\_\_

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### Your First Visit

- Administrative staff was professional, courteous and friendly.
- I did not have to wait long for the initial evaluation to start.
- The physical therapist introduced him/ herself to me personally.
- The physical therapist was professional, courteous and friendly.
- The physical therapist explained my injury/problem in a way I could understand.
- The physical therapist asked what I wanted to accomplish in physical therapy.
- The physical therapist clearly stated the plan of care and time frames for physical therapy.
- I have trust & confidence in my physical therapist.
- The physical therapist gave me home exercises & proper instructions at the initial evaluation.

<i>Strongly Disagree</i>	<i>Somewhat Disagree</i>	<i>Agree</i>	<i>Somewhat Agree</i>	<i>Strongly Agree</i>
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Comments: \_\_\_\_\_

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## Follow Up Visits and Quality of Care

- When I arrived for each session, my appointment began on time.
- I was consistently on time for my appointments.
- At follow-up visits, I received enough individual attention from staff.
- My home exercise program was updated frequently.
- I understood the progression of my home exercises.
- I did all that my therapist asked me to do to help myself get better during my course of treatment.
- I had a clear understanding of my responsibilities & precautions for my diagnosis.
- I felt treatment progressed appropriately.
- I felt my physical therapist communicated with my physician regarding my progress.

<i>Strongly Disagree</i>	<i>Somewhat Disagree</i>	<i>Agree</i>	<i>Somewhat Agree</i>	<i>Strongly Agree</i>
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Comments: \_\_\_\_\_

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## Care and Outcomes

- The therapists showed me how I improved from my first visit to my last.
- I was given clear instructions on my last visit for strategies regarding my condition.
- I would recommend Function First Physical Therapy to friends and family.
- I will encourage my doctor to refer more people to Function First Physical Therapy.

<i>Strongly Disagree</i>	<i>Somewhat Disagree</i>	<i>Agree</i>	<i>Somewhat Agree</i>	<i>Strongly Agree</i>
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Comments: \_\_\_\_\_

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How would you rate your percentage of improvement (0-100%) from your treatment at Function First Physical Therapy?

0-25%	26%-40%	40%-65%	66%-85%	86%-100%
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How would you rate your overall experience at Function First Physical Therapy?

Poor	Fair	Average	Great	Fantastic
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Are there any staffs members you think deserve special recognition for the work they did with you during your care? Please Explain \_\_\_\_\_

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What did you like least about your experience at Function First Physical Therapy?

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What did you like most about your experience at Function First Physical Therapy?

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How did you hear about Function First Physical Therapy?

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What could we have done better to improve your care?

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Name: (optional) \_\_\_\_\_

Would you like to receive our monthly e-newsletter? E-mail: \_\_\_\_\_