**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.

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**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.

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.

Comments: ________________________________________________________________
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.

Comments: ______________________________________________________

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.

Comments: ______________________________________________________
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% |

How would you rate your overall experience at Function First Physical Therapy?

| Poor | Fair | Average | Great | Fantastic |

Are there any staff members you think deserve special recognition for the work they did with you during your care? Please Explain ______________________  ________________  __________  __________

________________________________________________________________________
________________________________________________________________________

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?

________________________________________________________________________
________________________________________________________________________

How did you hear about Function First Physical Therapy?

________________________________________________________________________

________________________________________________________________________

What could we have done better to improve your care?

________________________________________________________________________
________________________________________________________________________

________________________________________________________________________

Name: (optional) ______________________________

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