



NAME _____ (Optional)
DATE _____

Patient Satisfaction Survey

The staff at PRO Physical Therapy wants to ensure that the care you receive is of utmost quality and efficiency. To help us continue to provide quality care, we would like for you to take a few minutes to answer the following questions. Your input is valuable to us and will be kept confidential.

- | | <u>RECEPTION</u> | | | | |
|--|------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| | Strongly Disagree (1) | | | Strongly Agree (5) | |
| 1. I was greeted courteously on the phone and at the Front office. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 2. Front office staff was helpful and friendly. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 3. I found it easy to schedule the days and times I needed. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 4. The reception area is neat and clean. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 5. A member of the PRO staff discussed my financial plan | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

- | | <u>TREATMENT (THERAPIST)</u> | | | | |
|---|-------------------------------------|------------------------------|----------------------------|-----------------------------|----------------------------|
| 6. I usually do not have to wait too long beyond my scheduled appointment time. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 7. The therapist spent adequate time with me. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 8. The therapist listens carefully to me. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 9. The therapist explained things to me in a language that I could understand. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 10. I have met my personal goals. | | Yes <input type="checkbox"/> | | No <input type="checkbox"/> | |

- | | <u>SUPPORT STAFF (AIDE/EXERCISE TECH)</u> | | | | |
|---|--|----------------------------|----------------------------|----------------------------|----------------------------|
| 11. Support staff was knowledgeable and professional. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 12. Support staff was attentive, respectful and understanding. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 13. Gym/Treatment rooms were kept clean and organized to my level of expectation. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

OVERALL

I would recommend PRO Physical Therapy 1 2 3 4 5

Please Explain: _____

OVER

The things I like most about PRO Physical Therapy: _____

The things which could be improved are: _____

Would you be willing to review us on google? (if yes please provide an email so that we may send you a link to our google page)?

Yes, I would be willing to review PRO on google

Email: _____

No, I would like to decline

We would like to send you an email showcasing other gym programs our facility offers.

Yes, I would be interested in learning more about PRO Motion

Email: _____

No, I would like to decline