



In an effort to improve our services, we would like to ask you a few questions about your experience here at Choice Physical Therapy. Any feedback and suggestions you have would be greatly appreciated ... thank you for your time!

Name: \_\_\_\_\_ (Optional) Date: \_\_\_\_\_

Treating Therapist: \_\_\_\_\_

1. Who referred you to Choice Physical Therapy?
 

|   |   |                               |
|---|---|-------------------------------|
| <input type="checkbox"/> Physician's Office | <input type="checkbox"/> Self/Family Member | <input type="checkbox"/> Work |
|---|---|-------------------------------|
  
2. Why did you choose Choice PT for your physical therapy?
  
3. Did you find appropriate support from the front office with your insurance?  Yes  No
  
4. Before your visit, were you: (Please circle one)
 

|   |     |    |     |
|---|-----|----|-----|
| a) Called to remind you of your first appointment | Yes | No | n/a |
| b) Reminded you to bring your referral            | Yes | No | n/a |
| c) Reminded to bring shorts and a T-shirt?        | Yes | No | n/a |
| d) Given directions to the facility?              | Yes | No | n/a |
  
5. During check in on your first visit, were:
 

|   |     |    |     |
|---|-----|----|-----|
| a) Insurance billing and payment plans discussed? | Yes | No | n/a |
| b) VISA/Mastercard options explained to you?      | Yes | No | n/a |
| c) Your questions answered?                       | Yes | No | n/a |
| d) You treated courteously?                       | Yes | No | n/a |
  
6. During your first visit, did:
 

|  |     |    |     |
|--|-----|----|-----|
| a) You get introduced to the Physical Therapist?                 | Yes | No | n/a |
| b) Your therapist explain what to expect during the first visit? | Yes | No | n/a |
  
7. Was seeing the therapist helpful?  
Please comment:  Yes  No
  
8. Do you feel that your therapist spent enough time with you?  
Please comment:  Yes  No

9. Were you comfortable asking questions and were you satisfied with the answers? Please comment:  Yes  No
10. Was your home exercise program fully and clearly explained to you? Please comment:  Yes  No
11. Was the Choice PT staff helpful, pleasant, courteous and understanding during your recovery? Please comment:  Yes  No
12. Were you satisfied with the scheduling options and timeliness?  Yes  No
13. Were you offered an appointment within two days?  Yes  No
14. Did you have to wait beyond your scheduled appointment time?  Yes  No
15. Are you satisfied with your outcome?  Yes  No
16. Would you recommend our service to a friend?  Yes  No
17. How did you hear about us?
- Radio  Newspaper  Physician
- Safe Sports Program  Other: \_\_\_\_\_
18. How were you injured:
- Sports  Work  Other: \_\_\_\_\_
19. How would you rate your experience here at Choice PT?
- Excellent  Very Good  Good  Poor
20. How can we make your experience with us better?

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