



Patient Satisfaction Survey

Please mark your opinion:	Very Satisfied	Somewhat Satisfied	Neutral	Somewhat Dissatisfied	Very Dissatisfied
	5	4	3	2	1
Getting through to the office by phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scheduling a convenient appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Length of time in the waiting room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Satisfaction with treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information given to you about your condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information given to you about your insurance coverage and payment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professionalism of the therapist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professionalism of the staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Website	N/A	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Would you return to this clinic?	Yes	<input type="radio"/>		No	<input type="radio"/>
Would you refer a friend to this clinic?	Yes	<input type="radio"/>		No	<input type="radio"/>

Please list any areas in which our service could be improved. _____

Please share any additional comments. _____

Providing the following information is OPTIONAL

First Name: _____ Last Name: _____

Address: _____

City: _____ ZIP Code: _____

Telephone: _____

Would you like someone to contact you regarding your responses on this survey?

Yes No

Thank you for taking the time to fill out our survey. We rely on your feedback to help us improve our services. Your input is greatly appreciated. Sincerely, Advanced Motion Physical Therapy.