



Patient Satisfaction Survey

Name:

Date:

As a part of our continuing commitment to provide the highest quality health care, we are asking patients to participate in this study. Your cooperation in completing this questionnaire will help us maintain and improve the care you and others receive. We assure you that your responses are strictly confidential.

Thank you in advance for taking the time to share your thoughts about the care you received. We look forward to continuing to serve your health care needs!

Thinking about your visit with the person you saw, how would you rate the following?

	Excellent	Very Good	Good	Fair	Poor
How long you waited to get an appointment					
Convenience of the office location					
Getting through to the office by phone					
Length of time waiting at the office					
Satisfaction with the treatment provided by the therapist					
Explanation of procedures and treatments					
Courtesy, respect, friendliness of the reception staff					
The quality of my physical therapy care					

Would you recommend Advanced Physical Therapy of VA to your family and friends?

Definitely Yes

Probably

Probably Not

Definitely Not

Comments:

THANK YOU!