

ProEx Physical Therapy

Orthopaedics ♦ Spine ♦ Sports Medicine ♦ Obstetrics ♦ Women's Health

Dear Patient:

In our continuing effort to provide you with the highest quality of physical therapy, your valuable input to the following questions would be greatly appreciated. Could you please circle the answer that most closely expresses your opinion?

Evaluating Your Care by the Therapists:

1. How would you rate the personal manner, friendliness and professionalism of your treating therapist?
Excellent Very Good Fair Unsatisfactory
2. How would you rate the explanation given to you regarding your plan of treatment?
Excellent Very Good Fair Unsatisfactory
3. Ability of your therapist to put you at ease?
Excellent Very Good Fair Unsatisfactory
4. Willingness to listen to any of your concerns?
Excellent Very Good Fair Unsatisfactory
5. Amount of time your therapist spent with you?
Excellent Very Good Fair Unsatisfactory
6. Care received overall?
Excellent Very Good Fair Unsatisfactory

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Evaluate our Front Office Staff:

1. How would you rate the professionalism of our front office staff?
Excellent Very Good Fair Unsatisfactory
2. Staff courtesy and responsiveness over the phone?
Excellent Very Good Fair Unsatisfactory
3. Appointment available within a reasonable amount of time?
Excellent Very Good Fair Unsatisfactory
4. Waiting time in the office?
Excellent Very Good Fair Unsatisfactory

Our Facility:

1. Hours of operation convenient?
Excellent Very Good Fair Unsatisfactory
2. Signage and directions easy to follow?
Excellent Very Good Fair Unsatisfactory
3. Ample parking?
Excellent Very Good Fair Unsatisfactory

Overall Experience at Our Practice:

1. Excellent Very Good Fair Unsatisfactory
2. Would you recommend us to a friend or family member?
Yes No

Comment:

Name:(OPTIONAL): _____