

## PATIENT SATISFACTION SURVEY

Name (optional) \_\_\_\_\_

Over the course of your treatment, how satisfied were you with the following items?  
(Please circle one answer on each line)

	Very Satisfied	Somewhat Satisfied	Neutral	Dissatisfied
Convenience of office location?	4	3	2	1
Getting through to the office by phone?	4	3	2	1
Courtesy and consideration by office staff?	4	3	2	1
Ability to schedule a convenient appointment time?	4	3	2	1
Length of time in waiting room?	4	3	2	1
Information given about your condition & treatment plan?	4	3	2	1
Your primary therapist?	4	3	2	1
Your overall therapy/care?	4	3	2	1
Your overall rating of this clinic?	4	3	2	1

How would you describe your condition upon discharge?

\_\_\_ Much Improved \_\_\_ Improved \_\_\_ Unchanged \_\_\_ Worse

Would you return to this facility for future care? \_\_\_ Yes \_\_\_ No

Testimonial

When I first came to Allied Rehab, \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

But after treatment, I can now \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Can we use your testimonial on our marketing materials and website?  Y  N

(Note: We will not publish your last name.)

***Thank you for your time and consideration!***

Your answers will encourage us to improve our services. Our goal is to completely satisfy our clients.