

Rocky Mountain Orthopaedics Physical Therapy

PATIENT SATISFACTION SURVEY

Date: _____

Name (optional): _____

Please take a few minutes to complete the following survey of our services. Your input will help us to continually improve the quality of our services.

ADMISSION PROCESS FOR THERAPY:	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied	Not Applicable
1. Time it took to get an appointment in Therapy					
2. Time it took to complete admission paperwork for Therapy					
3. Helpfulness of staff during admission process					
4. Length of time you waited from your appointment time until you were seen in Therapy					
THERAPY STAFF:					
1. Friendliness and courtesy of our receptionists					
2. Helpfulness of our business office staff					
3. Professionalism of our therapy staff					
THERAPY DEPARTMENT'S COMMUNICATIONS WITH YOU:					
1. Therapist's communication with your physician					
2. Therapy assessment results explained in an understandable way					
3. Questions answered timely and in an understandable way					
THERAPY PROGRAM:					
1. Your input was used to help set up your therapy program					
2. Your therapist appeared to be knowledgeable in treating your condition					
3. Your therapy program was effective and improved your functional ability					

Would you refer your family and friends to this clinic? ___yes ___no ___maybe

Please give us feedback on what we can do to improve our services: _____

Additional comments: _____

