



How are we doing? Please let us know.
Your comments and suggestions are greatly appreciated.

Physical & Occupational Therapy Satisfaction Survey

Please rank the following on a scale of 1 to 5. (1 poor; 2 fair; 3 good; 4 very good; and 5 excellent)

Location/Access

Table with 5 columns (1-5) and 3 rows of survey items related to location and access.

Check-In/Check-Out

Table with 5 columns (1-5) and 4 rows of survey items related to check-in and check-out.

Staff Name (optional): _____

Comments/Suggestions: _____

Clinical Care

Table with 5 columns (1-5) and 6 rows of survey items related to clinical care.

Therapist(s) Name (optional): _____

Comments/Suggestions: _____

Would you like to be contacted by someone in our office for further discussion? Yes No

Name & Phone (optional): _____

Please mail this survey back to us. Thank you for providing us with this valuable feedback.