



HURT LESS. LIVE MORE.

PATIENT SATISFACTION QUESTIONNAIRE

OFFICE: _____ DATE: _____

We here at Parry Physical Therapy Group are genuinely concerned with your satisfaction and hope that we have served you well during your time here with us. Please take a moment to complete this survey so that we may continue to provide our patients with the best care possible.

1. Were you greeted and treated adequately by our receptionist? Yes No

Comments: _____

2. Was our office location convenient for you? Yes No

Comments: _____

3. Was the parking available at our office convenient for you? Yes No

Comments: _____

4. Was your treatment plan adequately explained to you by your therapist? Yes No

Comments: _____

5. Were all of your questions/concerns addressed satisfactorily? Yes No

Comments: _____

6. Do you feel that your therapist treated you with compassion and respect and was genuinely concerned with your progress? Yes No

Comments: _____

7. Was our environment (temperature, cleanliness, atmosphere) acceptable to you? Yes No

Comments: _____

8. Overall, how would you describe the quality of care you received?

Excellent Above average Okay Poor

9. Overall, how would you describe the timeliness of your care?

Excellent Above average Okay Poor

10. Do you feel you were treated for the problem with which you were diagnosed?

Yes No

Comments: _____

11. Please elaborate on any suggestions you may have to help us improve our service.

Thank you for taking the time to help us serve you better.