



SURVEY FORM

How did you hear about the Pillars Physical Therapy and Wellness Center?

- | | |
|--|---|
| <input type="checkbox"/> Referral from your friend?
<input type="checkbox"/> Insurance provider
<input type="checkbox"/> Internet
<input type="checkbox"/> Phone book | <input type="checkbox"/> Referral from MD _____
<input type="checkbox"/> Referral from another practitioner _____
<input type="checkbox"/> Other (please specify) _____ |
|--|---|

How would you rate the telephone manners and courtesy of our front office?

	EXCELLENT	GOOD	FAIR	POOR
Telephone Manners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courtesy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please select the best response for the following questions:

YES NO

- | | | |
|--|--------------------------|--------------------------|
| Was your physical therapist well-prepared for the appointment? | <input type="checkbox"/> | <input type="checkbox"/> |
| Was your therapist on-time for your scheduled appointments? | <input type="checkbox"/> | <input type="checkbox"/> |
| Were your questions answered carefully and completely? | <input type="checkbox"/> | <input type="checkbox"/> |
| Were you treated respectfully? | <input type="checkbox"/> | <input type="checkbox"/> |
| Were you made to feel comfortable about asking questions? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have a better understanding of your condition after? | <input type="checkbox"/> | <input type="checkbox"/> |
| Was the treatment and plan of care for your condition clear? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you understand your home exercise program? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did the treatment you receive help your condition? | <input type="checkbox"/> | <input type="checkbox"/> |
| Were the appointment times offered convenient for you? | <input type="checkbox"/> | <input type="checkbox"/> |
| Would you recommend us to a friend and relative? | <input type="checkbox"/> | <input type="checkbox"/> |

If no, why not? _____

How would rate the service and treatment you receive? EXCELLENT GOOD FAIR POOR

How would rate your physical therapist? EXCELLENT GOOD FAIR POOR

What changes can we make to improve your level of satisfaction with us?

We would appreciate any comments regarding your overall experience with us.

Would you like to be contacted with periodic specials from us? YES NO

We never sell or rent any information to anyone. Your privacy is always protected.

(OPTIONAL) Name: _____

Email: _____ Date: _____