

# PATIENT SATISFACTION SURVEY

**We know how precious your time is. Please answer as briefly or detailed as your time allows**

## Reception, Scheduling, and Billing

Did you find our front office staff to be helpful, courteous and professional?	Always	Sometimes	Never	Comments
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
At your first appointment, was the new patient paperwork & policies explained to you in a friendly and professional manner?	Excellent	Satisfactory	Poor	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Please rate your experience with our billing department.	Excellent	Satisfactory	Poor	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
How did you find out about us?				

## Physical Therapist

Which physical therapist did you see?				Comments
Did you find your Physical Therapist to be:				
Friendly?				
Professional?				
Knowledgeable?				
Good Communicator?				
Were your goals addressed in Physical Therapy?				
Why did you choose Hands On PT?				
Would you choose and/or recommend Hands On Physical Therapy for physical therapy treatment? And, reason for doing so?				
Name (Optional):				

**Please tell us what you love, or what we can do to improve:**



May we use your statement on our testimonials page on our website? Yes No

At Hands On Physical Therapy, it is our goal to provide quality patient care in a professional and friendly environment. We continually strive for high patient outcomes and are always looking for ways to improve our business. We would be very appreciative of your comments, corrective criticism and/or suggestions.