Dear Friend,

Thank you for choosing Valley Rehab Physical Therapy for your therapy needs. Our commitment is to provide a positive healthcare experience for every patient. Please take a moment to complete this survey and return it in the self addressed/stamped envelope. Your response is appreciated.

1. What Factors influenced your decision to come to our clinic? (Check all that apply)

☐ Physician Referral ☐ Friend/Family ☐ Former Patient

☐ Location ☐ Other: (Please specify)_____

2. About Your Therapist (PT)	Excellent	Good	Fair	Poor	Unacceptable
a) Friendly and Courteous Behavior	☐	☐	☐	☐	☐
b) Professional Appearance	☐	☐	☐	☐	☐
c) Communication About Your Injury	☐	☐	☐	☐	☐
d) Attention/Time Given to Your Needs	☐	☐	☐	☐	☐
e) Overall Quality of Your Therapist	☐	☐	☐	☐	☐

3. About Other Clinical Staff (PTA)	Excellent	Good	Fair	Poor	Unacceptable
a) Friendly and Courteous Behavior	☐	☐	☐	☐	☐
b) Professional Appearance	☐	☐	☐	☐	☐
c) Communication About Your Injury	☐	☐	☐	☐	☐
d) Attention/Time Given to Your Needs	☐	☐	☐	☐	☐
e) Overall Quality of Clinical Staff	☐	☐	☐	☐	☐

4. About Front Office Staff	Excellent	Good	Fair	Poor	Unacceptable
a) Friendly and Courteous Behavior	☐	☐	☐	☐	☐
b) Professional Appearance	☐	☐	☐	☐	☐
c) Communication About Your Injury	☐	☐	☐	☐	☐
d) Explanation of Billing/Payments	☐	☐	☐	☐	☐
e) Overall Quality of Front Office Staff	☐	☐	☐	☐	☐

5. About Clinic and Facilities	Excellent	Good	Fair	Poor	Unacceptable
a) Condition/Cleanliness of Clinic	☐	☐	☐	☐	☐
b) Parking Convenience	☐	☐	☐	☐	☐
c) Location of Clinic	☐	☐	☐	☐	☐
d) Overall Comfort and Appeal	☐	☐	☐	☐	☐

5. Other	Yes	No
a) Would You Recommend This Clinic To Others? If " No" Why _____	☐	☐
b) Were You Seen At Your Scheduled Time?	☐	☐
c) Does Our Office Have Sufficient Hours?	☐	☐
d) Would You Return To Our Clinic For Therapy? If "No" Why _____	☐	☐