

## PATIENT SATISFACTOIN SURVEY

Valley Rehabilitation Associates, Inc. is committed to providing the highest quality care to our patients and we want to be sure that our services best meet your needs. We are constantly seeking ways to improve, so please take a moment to share your opinions with us.

1. Did you receive satisfactory information over the phone about your therapy appointment?  
\_\_\_\_\_yes    \_\_\_\_\_no    Comments:
2. Was the billing procedure and paperwork properly explained?  
\_\_\_\_\_yes    \_\_\_\_\_no    Comments:
3. Did you have to wait past your appointment time?  
\_\_\_\_\_yes    \_\_\_\_\_no    Comments:
4. Did the therapist thoroughly explain your treatment plan and keep you informed throughout your visit?  
\_\_\_\_\_yes    \_\_\_\_\_no    Comments:
5. Did you feel the length of time the therapist spent with you was adequate?  
\_\_\_\_\_yes    \_\_\_\_\_no    Comments:
6. Was the staff courteous and friendly?  
\_\_\_\_\_yes    \_\_\_\_\_no    Comments:
7. How would you rate your improvements as a result of your therapy? (please circle one)  
100-90%    90-80%    80-70%    70-60%    60-50%    below 50%
8. How would you rate your overall experience at Valley Rehabilitation Associates?  
Unsatisfactory    1    2    3    4    5    Very Satisfactory
9. What were your reasons for choosing Valley Rehabilitation Associates?  
\_\_\_\_\_Location    \_\_\_\_\_Insurance  
\_\_\_\_\_Personal Experience    \_\_\_\_\_Referred by a friend  
\_\_\_\_\_Referred by a physician    \_\_\_\_\_Other (explain)
10. Based on your visit, would you be willing to use/or recommend our services again?  
\_\_\_\_\_yes    \_\_\_\_\_no

### ADDITIONAL COMMENTS:

\_\_\_\_\_ (Name optional)

\_\_\_\_\_ Primary Therapist & Location

**Thank you for your time and cooperation!**

*Julie Kresl, PT, Owner*