



Please help us make your experience AMAZING!

Our commitment is to bring you clinical excellence and exceed your expectations. As part of our effort to keep us on track, we ask that you complete the indicated sections of this brief survey. Your responses are totally confidential. Thanks for the value that you add to our practice by your participation.

Please answer these questions after your FIRST VISIT:

P=Poor F=Fair G=Good VG=Very Good EX=Excellent

1. Are you a former PTC patient or a friend/family member of a former patient? YES NO

	P	F	G	VG	EX
2. Convenience of your appointment?					
3. Wait time during your first appointment? How long did you wait? _____ minutes					
4. Clear explanation of location, directions and parking?					
5. Courtesy of the front office staff?					
6. Courtesy and caring of the therapy team?					
7. Was your privacy respected?					
8. Willingness of the therapy team to listen to questions/concerns?					
9. Was there a clear explanation of your condition and treatment plan?					

Comments: What can we do better?