



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 LAST VISIT:

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

- 1. Have you completed your course of treatment (last visit) with us?      Yes      No
- 2. Were you consistently treated by the same therapy team?      Yes      No
- 3. Will you be recommending us to others?      Yes      No

	P	F	G	VG	EX
4. Convenience of your appointments					
5. Courtesy of the front office staff					
6. Courtesy and caring of the therapy team					
7. Enthusiasm of the therapy team					
8. Willingness of the therapist to listen to your questions					
9. Clear instructions for the home exercise program					
10. Cleanliness of the treatment area					

11. On a scale from 0 to 10, how likely is it that you will recommend us to family, a friend or a colleague? \_\_\_\_\_ (0=Not Likely 10=Absolutely Will Recommend)

12. What is the primary reason for the score you gave us in Question 11?  
\_\_\_\_\_

13. What is the most important improvement that we could make for you to rate us closer to ten (10)? \_\_\_\_\_

14. What is the most memorable experience that took place during your therapy session?  
\_\_\_\_\_  
\_\_\_\_\_

15. Would you like to receive our Amazing Newsletter; if so what is your email:  
\_\_\_\_\_

16. Do we have permission to use this as a testimonial: \_\_\_\_\_

Signature