

DATE: \_\_\_\_\_

Treatment Location: (Circle One)

Chesapeake • General Booth • Great Neck • Haygood • Kempsville • Granby • Spine Rehab &amp; Aquatic Center • South Norfolk

Month(s) of Treatment: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

Because we strive to deliver the best possible physical therapy services, we are interested in learning from patients how we might improve or enhance our services. Please take a few minutes to circle the number that best represents your impression. Thank you for your feedback!

**1=strongly disagree, 2=disagree, 3=neither agree or disagree, 4=agree, 5=strongly agree, leave blank= no opinion**

**A. FACILITY**

Strongly Disagree

Strongly Agree

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1. The facility was clean.                      | 1 | 2 | 3 | 4 | 5 |
| 2. Parking was available for me.                | 1 | 2 | 3 | 4 | 5 |
| 3. The location of the facility was convenient. | 1 | 2 | 3 | 4 | 5 |

**RECEPTION**

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1. The staff was courteous and professional.                  | 1 | 2 | 3 | 4 | 5 |
| 2. The clinic scheduled appointments at convenient times.     | 1 | 2 | 3 | 4 | 5 |
| 3. My first visit for physical therapy was scheduled quickly. | 1 | 2 | 3 | 4 | 5 |

**C. THERAPISTS**

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1. My physical therapist was courteous and professional.                 | 1 | 2 | 3 | 4 | 5 |
| 2. My physical therapist understood my problems or condition.            | 1 | 2 | 3 | 4 | 5 |
| 3. My privacy was respected during my physical therapy care.             | 1 | 2 | 3 | 4 | 5 |
| 4. The instructions my physical therapist gave me were helpful.          | 1 | 2 | 3 | 4 | 5 |
| 5. I was satisfied with the treatment provided by my physical therapist. | 1 | 2 | 3 | 4 | 5 |
| 6. I was satisfied with the communication to me and my physician.        | 1 | 2 | 3 | 4 | 5 |

**D. THERAPY AIDE/TECH**

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1. My physical therapy tech was courteous and professional.                     | 1 | 2 | 3 | 4 | 5 |
| 2. I was satisfied with the services provided by my physical therapist tech(s). | 1 | 2 | 3 | 4 | 5 |

**E. OVERALL SATISFACTION WITH SERVICE**

- |  |     |     |     |     |      |
|--|-----|-----|-----|-----|------|
| 1. I was satisfied with the overall quality of my physical therapy care. | 1   | 2   | 3   | 4   | 5    |
| 2. I was seen promptly when I arrived for treatment.                     | 1   | 2   | 3   | 4   | 5    |
| 3. I would return to this facility if I needed physical therapy again.   | 1   | 2   | 3   | 4   | 5    |
| 4. I would recommend this facility to family or friends.                 | 1   | 2   | 3   | 4   | 5    |
| 5. Percentage that best describes your improvement since therapy         | 25% | 50% | 75% | 85% | 100% |

6. Southeastern Physical Therapy \_\_\_
- Exceeded**
- \_\_\_
- Met**
- \_\_\_
- Did Not Meet**
- my expectations.

Therapist(s): \_\_\_\_\_

Aide(s): \_\_\_\_\_

How did you learn about Southeastern Physical Therapy? Physician – Insurance Co - Yellow Pages - Friend/Family- Internet Search - Social Media - Ad - Other: \_\_\_\_\_

Comments / Suggestions:

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If you would like management to contact you about your experience please list your name and contact number.

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- Please check this box if we can use your comments on our website or in other marketing materials.
- I don't get your newsletter but would like to receive it. My email address is \_\_\_\_\_

Fold here

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