Dear Patient,

You recently received physical therapy services at our facility. 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 complete this questionnaire, and return it in the self addressed envelope. Thank you very much for your feedback!

Desc	criptive Quest	tions	Your age:	Years	You	Gender:	:	Male	Fema	ale	
1. H	low did you le	arn ab	out our facility	y? (Circle all that	apply.)						
P	hysician	Insu	rance Co.	Friend	Website	Ot	ther _				
			perience with perience with	physical therapy?	Yes Yes	No No					
	•			are of the problem			ived p	hysical	therap	y.	
	•	_		n with each of th	_						
(I=si	trongly disagr	ee, 2=	disagree, 3=n	either agree or di	sagree, 4=c	igree, 5=	stron= 1	igly agre 2	ee.) 3	4	5
/ly first	visit to phys	ical th	erapy was so	cheduled quickly	/.						
-			was conven								
	nt office staff	-									
he fro	nt office staff	was	knowledgeat	ole and helpful.							
was e	easy to sched	dule a	ppointment(s	s).							
was s	een promptly	wher	n I arrived for	my treatment.							
/ly priv	acy was resp	pected	d during my p	hysical therapy	care.						
/ly exa	mination(s) v	vere c	detailed and t	horough.							
ly phy	sical therapis	st und	erstood my p	roblem or condi	ition.						
/ly phy	sical therapis	st help	ped me unde	rstand my condi	tion/diagno	osis.					
/ly phy	sical therapis	st exp	lained my tre	atments and op	tions.						
he ins	tructions my	physi	cal therapist	gave me were h	nelpful.						
was s	atisfied with	the tre	eatment provi	ded by my phys	ical therap	ist.					
was s	atisfied with	the ov	erall quality	of my care.	·						
was s	atisfied with	my ex	perience with	n Mrowka Physic	cal Therap	у.					
he bill	s I received	were a	accurate.	•	•						
would	return to this	s facili	ity in the futu	re.							
			acility to fami								
			•	nent received wa	as reasona	ıble.					
	•			ase Circle Your A		Under \$2		\$25-50	Mor	e than	\$50
		•		al therapy servi	•		YE	_		NO	
Vhat d	o you think a	ı 1-ho	ur private ses	ssion at Mrowka	Physical T	herapy	is wo	orth? \$ _			
ommen	its:										
			<u> </u>								