



## PATIENT SATISFACTION SURVEY

Gary Guerriero, P.T.P.C.

Thank you for taking this time to share your comments and assist us in meeting your goals. Your feedback is important to us. Please fill out the front and back of this questionnaire and return it to the front desk staff or your therapist. Your time and comments are greatly appreciated.

1. How would you rate the facility?  
 Excellent  Very Good  Good  Fair  Poor
2. How effective was the facility in helping meet your goals?  
 Very Effective  Effective  Ineffective  Very Ineffective  Cannot Judge
3. How satisfied were you with your overall experience at the facility?  
 Very Satisfied  Satisfied  Somewhat Satisfied  Dissatisfied  Very Dissatisfied
4. What was your impression of the music in the facility?  
 Too Loud  Loud  Just Right  Soft  Too Soft  Didn't Notice
5. Would you choose this facility again?  
 Yes  No
6. Would you recommend this facility?  
 Yes  No
7. Were you contacted after your initial appointment?  
 Yes  No
8. Who was your therapist? \_\_\_\_\_
9. What was your diagnosis? \_\_\_\_\_
10. What is the name of your referring physician?  
\_\_\_\_\_
11. How can we improve our services to you?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please rate the following:

	Excellent	Very Good	Good	Fair	Poor
<b>Center:</b>					
Convenience of hours	1		2	3	4

Atmosphere of facility 5	1	2	3	4
Convenience of location 5	1	2	3	4
Appointment availability 5	1	2	3	4

Comments:

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	Excellent	Very Good	Good	Fair	Poor
<b><u>Front Desk Staff</u></b>					
Telephone service 5	1	2	3	4	
Ease of Appointment Scheduling: 5	1	2	3	4	
Helpfulness/Courteousness Of the reception desk staff: 5	1	2	3	4	
Professionalism of Reception staff: 5	1	2	3	4	
Clear explanation of Scheduling and billing policis 5	1	2	3	4	

Comments:

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**Therapist/Assistant/Support Staff:**

Individualized care given By the therapist:	1	2	3	4	5
Clear explanation by therapist Of your treatment program Plan and goals:	1	2	3	4	5
Thouroughness of your Therapist's evaluation of Your condition:	1	2	3	4	5
Helpfulness/Courteousness					

Of the therapists and Assistants:	1	2	3	4	5
Professionalism of The therapists:	1	2	3	4	5
Helpfulness/Courteousness Of gym support staff:	1	2	3	4	
5					
Overall quality of Care received:	1	2	3	4	
5					

Comments:

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Yes  No – I give the right to The United States Athletic Training Center (Gary Guerriero, PTPC) to use my comments in any future marketing materials.