



Patient Satisfaction Survey

1. How did you hear about Southeastern Fitness and Rehabilitation?

- Physician
- Phone Book
- Former Patient
- Friend
- Insurance Company
- Other _____

Please answer the following questions using the scale below.

1 Very dissatisfied	2 Moderately dissatisfied	3 Minimally dissatisfied	4 Minimally satisfied	5 Moderately satisfied	6 Very satisfied
---------------------------	---------------------------------	--------------------------------	-----------------------------	------------------------------	------------------------

2. Please rate your satisfaction upon your arrival to your physical therapy appointments

- Front desk 1 2 3 4 5 6
- Scheduling 1 2 3 4 5 6
- Waiting area 1 2 3 4 5 6

What comments/recommendations do you have for our front desk? _____

3. When scheduling your evaluation were you told:

- Y N Please arrive 15 minutes before your appointment
- Y N PRPT@SEFR is billed as a hospital setting, please call your insurance company |
to verify benefits
- Y N Wear comfortable clothes that allow the therapist to evaluate the area of injury

4. Were you called to remind you of your therapy appointment? Y N

5. Please rate your satisfaction with these phone calls. 1 2 3 4 5 6

6. Please rate your satisfaction with the cleanliness/maintenance of the facility
1 2 3 4 5 6

7. What provider(s) did you see (optional):

- Amy L Andy Becky Blake Bryanna Darren
- Heather Miriam Stacey Tammy Wes Other _____

8. Please rate your satisfaction with the knowledge and treatment provided by your physical therapist by placing rating next to their name

What comments/recommendations do you have for your therapist? _____

9. Please rate your satisfaction with checkout and payment process? 1 2 3 4 5 6

10. Please rate your satisfaction during any contact made with the Park Ridge billing office?

- 1 2 3 4 5 6 No direct contact

11. Would you recommend our facility to someone else? Yes No

12. Would you come back to our facility? Yes No