

# **+SportsPlus**

**Sports Medicine and Physical Therapy Center**

## **Patient Satisfaction Survey**

Your satisfaction with the care you received at SportsPlus is our highest priority. Please take a few moments to let us know what we are doing well and what areas we need improvement.

Your comments and ratings are greatly appreciated! All responses are confidential unless you wish to provide your name.

Please use the following scale to answer the questions below:

**5: Very satisfied 4: Satisfied 3: Neutral 2: Dissatisfied 1: Very dissatisfied 0: Not applicable**

### **Staff Attitude**

1. Courtesy of office personnel
2. Courtesy of physical therapists, physical therapist assistants
3. Courtesy of physical therapy aides
4. I was consistently greeted by name when I arrived

### **Professional Behaviors**

1. Therapist introduced him/herself to me personally
2. The evaluation and treatments I received were adequately explained
3. Responses were provided for questions and concerns
4. The clinic staff was courteous, respectful and seemed concerned about me

### **Quality of Service**

1. My initial evaluation was scheduled in a timely manner
2. Appointments were scheduled to my convenience
3. When I arrived for my appointments, service began promptly
4. I had trust and confidence in my therapist
5. Service and attention were consistent
6. My therapist communicated with my physician regarding my progress
7. My therapist communicated with me regarding my progress

### **Facilities**

1. Overall cleanliness
2. Atmosphere
3. Equipment type and availability
4. Parking
5. Convenience of location

### **Billing / Insurance:**

1. Cost of treatment vs quality of treatment
2. Timeliness and accuracy of billing
3. Billing department responded to my questions in a timely manner

**Overall:**

1. What was your overall impression of SportsPlus?
2. What could we have done to make your experience better?
3. What did you like most about your experience at SportsPlus?
4. What did you like least about your experience at SportsPlus?
5. If any individual gave you outstanding attention, please let us know so that we can commend that person. Also if you wish to share any constructive criticism, let us know, and we will seek appropriate solutions.
6. Please include any additional comments.
7. Would you return to SportsPlus for physical therapy services in the future? Why or why not?

**Thank you for your time and insight. We will use your comments to improve the quality of service provided at SportsPlus Sports Medicine and Physical Therapy Center. If we can be of service in the future please do not hesitate to contact us.**

If you wish to include your name please complete the items below:

Name:

Phone Number:

Therapist:

Injury:

Dates of Service: