

Patient Satisfaction Survey

Jackson Orthopedic Specialists, P.L.L.C.

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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/clients how we might improve or enhance our services. Please take a few minutes to complete and return this questionnaire.

Please place an X in the appropriate box to indicate your rating, or answer the descriptive questions on the appropriate line. Any additional comments you wish to make are welcome; write in the "Comments" section at the end of the questionnaire, or attach additional pages if you require more space. Please return the questionnaire to us at your earliest convenience.

Thank you very much for your feedback!

Descriptive Questions

1. Your Age: ____ Years
2. Your Sex: Male Female
3. How did you learn about this facility? *(Check all that apply.)*
 - Physician Insurance Company Recommendation
 - Friend Former patient
 - Telephone book Other, please indicate _____
4. Was this your first experience with physical therapy? Yes No
5. Was this your first experience with this facility? Yes No
6. Please check the location of the problem for which you received physical therapy. *(Check all that apply.)*
 - Neck Hip
 - Lower back Foot
 - Shoulder hand
 - Elbow Knee
 - Other, please indicate _____

Please rate your degree of satisfaction with each of the following statements. *(1=strongly disagree, 2=disagree, 3=neither agree nor disagree, 4=agree, 5=strongly agree. Please check 9 if you have no opinion.)*

	1	2	3	4	5	9
7. My privacy was respected during my physical therapy care.	<input type="checkbox"/>					
8. My physical therapist was courteous.	<input type="checkbox"/>					
9. All other staff members were courteous.	<input type="checkbox"/>					
10. The clinic scheduled appointments at convenient times.	<input type="checkbox"/>					
11. I was satisfied with the treatment provided by my physical therapist.	<input type="checkbox"/>					
12. My first visit for physical therapy was scheduled quickly.	<input type="checkbox"/>					
13. It was easy to schedule visits after my first appointment.	<input type="checkbox"/>					
14. I was seen promptly when I arrived for treatment.	<input type="checkbox"/>					
15. The location of the facility was convenient for me.	<input type="checkbox"/>					
16. My bills were accurate.	<input type="checkbox"/>					
17. I was satisfied with the services provided by my physical therapist assistant(s).	<input type="checkbox"/>					
18. Parking was available for me.	<input type="checkbox"/>					
19. My physical therapist understood my problem or condition.	<input type="checkbox"/>					
20. The instructions my physical therapist gave me were helpful.	<input type="checkbox"/>					
21. I was satisfied with the overall quality of my physical therapy care.	<input type="checkbox"/>					
22. I would recommend this facility to family or friends.	<input type="checkbox"/>					
23. I would return to this facility if I required physical therapy care in the future.	<input type="checkbox"/>					
24. The cost of the physical therapy treatment received was reasonable.	<input type="checkbox"/>					
25. If I had to, I would pay for these physical therapy services myself.	<input type="checkbox"/>					
26. Overall, I was satisfied with my experience with physical therapy.	<input type="checkbox"/>					

Comments:
