PATIENT SATISFACTION SURVEY FOR SPORTSFOCUS P.T.

Our ongoing mission is to continually improve our quality of our service and the quality of your experience. Please help us serve you better by taking a moment to give us your feedback. Feel free to use the "comments" section to elaborate on your answers. Thank you.

Name of Physical Therapist_____

How would you rate your overall service experience with our practice?

____Excellent ____ Good ____ Fair ____ Poor

Comments: _____

How pleased were you with our service during your most recent visit with us?

____Very pleased ____ Pleased ____ Neither pleased nor displeased ____ Displeased

Comments: _____

Please rate the following (scale of 1 to 5, with **1 being poor** and **5 being excellent**):

Telephone demeanor of front office staff	___ 1	___ 2	___ 3	___4	___5
Convenience of your appointment time	___ 1	___ 2	___ 3	___4	___5
Greeting upon arrival	___ 1	___ 2	___ 3	___4	___5
Helpfulness of our assistants	___ 1	___ 2	___ 3	___4	___5
Sensitivity & attentiveness of physical therapist	___ 1	___ 2	___ 3	___4	___5
Explanations provided/questions answered	___ 1	___ 2	___ 3	___4	___5

Do you feel positive enough about our practice to refer family or friends? ____ Yes ____ No

Please comment on anything regarding our service that we might do or add to make your future experiences with us even more positive.

_____

_____

_____

Name (optional): _____

Please return to: **SportFocus PT, 3940 California Rd., Buffalo, NY 14127 –or– 936 Delaware Ave., Buffalo NY 14209**

THANK YOU FOR YOUR TIME!