Spine & Sport
PHYSICAL THERAPY

**Visit Date:** __/__/__
**Today's Date:** __/__/__

At Spine and Sport Physical Therapy, our goal is to WOW! our patients with superior care and service. We value your opinion to help us achieve that goal. Please take a moment to complete the following survey so we may understand how to better serve our most important asset, YOU. We appreciate your time and honest feedback. **You may choose to remain anonymous.**

## To Be Completed Following Your LAST VISIT

| (Please circle the best response on the right.) | Excellent | Very Good | Good | Fair | Poor |
|---|---|---|---|---|---|
| **1.** Convenience and ease of scheduling appointments | **4** | **3** | **2** | **1** | **0** |
| **2.** Courtesy of the front office staff | **4** | **3** | **2** | **1** | **0** |
| **3.** Courtesy and enthusiasm from the therapy team | **4** | **3** | **2** | **1** | **0** |
| **4.** Willingness of therapist to listen to your questions | **4** | **3** | **2** | **1** | **0** |
| **5.** Cleanliness of the treatment area | **4** | **3** | **2** | **1** | **0** |
| **6.** Clear instructions for home treatment program | **4** | **3** | **2** | **1** | **0** |

**General Questions** (Please circle your response.)

**7.** Were your goals for seeking treatment met? **Yes** **No**
**8.** Does our clinic offer sufficient hours? **Yes** **No**
**9.** Would you recommend this clinic to others? **Yes** **No**
**10.** Do you feel your problem or complaint has been: (please circle an option below)

***Greatly Improved*** ***Improved*** ***Unimproved*** ***Worsened***

| **11. On a scale of 0 to 10, how likely is it that you would recommend us to family, friends, or colleagues?** (please ✔) | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | |

**12.** What is the main reason for the rating you just gave us?

**13.** What is the most important improvement we need for a score closer to 10?

**14.** What was your most memorable experience at Spine and Sport Physical Therapy?

**May we use your statements for literature? Yes No**

Your Name: _____ Signature_____