Date:___________________
Patient I.D. #:____________
Insurance:_______________

Mitchell Kauk, PT OCS
Director

PETALUMA ORTHOPAEDIC & SPORTS THERAPY
Patient Satisfaction Survey

Petaluma Orthopaedic and Sports Therapy is continually striving to maintain the highest quality of care traditionally delivered to its patients and to improve the standards whenever possible. One of the most helpful tools we use is honest feedback from our patients. Please take a few minutes to complete this questionnaire regarding you recent visit to our physical therapy facility.

E = Excellent G = Good S = Satisfactory F = Fair P = Poor Not Applicable

Front Office Personnel

1. Telephone skills (courteous, friendliness)	**E**	**G**	**S**	**F**	**P**	**N/A**
2. Insurance/billing procedures reviewed	**E**	**G**	**S**	**F**	**P**	**N/A**
3. Scheduling of appointments after first visit.	**E**	**G**	**S**	**F**	**P**	**N/A**
4. Overall impression of professionalism	**E**	**G**	**S**	**F**	**P**	**N/A**

*Comments:*____

____

Scheduling

1. Was your evaluation scheduled within 2 Working days after initial phone call? **Yes____** **No____** **N/A**
2. Did your treatment begin within 15 Minutes of your scheduled appointment? **Yes____** **No____** **If no, explain**

*Comments:*____

____

Therapist

1. Showed good understanding of your condition And set reasonable treatment goals for you.	**E**	**G**	**S**	**F**	**P**	**N/A**
2. Was courteous, friendly and helpful.	**E**	**G**	**S**	**F**	**P**	**N/A**
3. Provided you with written and/or verbal Instruction in home program.	**E**	**G**	**S**	**F**	**P**	**N/A**

*Comments:*____

____

Facility/Overall Impression

1. Office hours	**E**	**G**	**S**	**F**	**P**	**N/A**
2. Quality of facility	**E**	**G**	**S**	**F**	**P**	**N/A**
3. Quality of equipment	**E**	**G**	**S**	**F**	**P**	**N/A**
4. Quality of support staff (aids/techs)	**E**	**G**	**S**	**F**	**P**	**N/A**
5. Overall, how would you rate your experience With our facility.	**E**	**G**	**S**	**F**	**P**	**N/A**

6. If you have had similar treatment at another Facility, how would you compare us to them? **Better____** **Same____** **Other facility better_____** **N/A ____**

*Comments:*____

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Had a positive experience at P.O.S.T ? Help us to better serve our community by writing us an online review (YELP, Bing, etc.) or by "Liking" us on Facebook.