Lindsay Pimentel Hand to Shoulder Rehab

Client Survey

Name: ______________________________(*optional*) **Date: ______________**

We value your comments and would appreciate your feedback so that we can serve you and our future clients, better. Thank you for taking time to complete this survey.
(Please circle your responses)

1. **How friendly is our staff?** **(Unfriendly) (Very friendly)**
    a. **Front Office/ Phone: 1 2 3 4 5**
    b. **Therapy Staff: 1 2 3 4 5**
    c. **Billing Department: 1 2 3 4 5**

2. **How would you describe the atmosphere in the clinic?**
   1 2 3 4 5
   (Unpleasant) (Very pleasant)

3. **How would you describe the professional conduct of our staff?**
   1 2 3 4 5
   (Unprofessional) (Very professional)

4. **Were we able to accommodate your needs? ie. scheduling, interpreting, questions, exercise assistance, proper attention, etc.**
   1 2 3 4 5
   (Never) (All the time)
   Comment:____

5. **How would you describe the clinic working space, equipment & supplies? ie. space for exercise, cleanliness, condition of equipment, etc.**
   1 2 3 4 5
   (Inadequate) (Very adequate)
   Comment:____

6. **How well was your time utilized in the clinic?**
   1 2 3 4 5
   (Wasted) (Very well used)

7. **Did you or are you benefiting from therapy? YES NO ___________**
   ____

8. **How did you hear about us? ____**

9. **Suggestions or Comments? ____**
   ____

If you've had a positive experience here in our clinic, we will always appreciate your recommendation to other doctors or friends. Thank you.