



PATIENT SURVEY

We value your comments and would appreciate your feedback so that we can serve you, and our future clients with increasing excellence. Thank you for taking time to complete this survey.

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
My overall experience here was good, and I would refer my friends and family to come here for therapy.					
Staff Friendliness / Professionalism					
The front office/phone was welcoming and friendly.					
The therapy staff was caring and knowledgeable.					
The billing department was kind and helpful.					
Atmosphere					
The atmosphere in the lobby was pleasant and made waiting time tolerable					
The atmosphere in the therapy area was orderly and the services ran smoothly.					
Accommodation					
My scheduling needs were met.					
The front and billing office staff communicated well and answered my questions satisfactorily.					
I was given proper attention during therapy such as exercise and therapist assistance.					
My time was utilized well and waiting was minimal.					
Clinic Space & Supplies					
The clinic working space and equipment are very adequate. ie. Space for exercise, cleanliness, condition of equipment, etc.					
The supplies needed for my therapy were available, including any items I wanted to purchase.					
Did you, or are you, benefiting from therapy? Yes No					
Comments:					
How did you hear about us?					
Suggestions or Comments?					

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