



Evergreen Physical Therapy Specialists, PC

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Patient Satisfaction Survey

The purpose of this survey is to find out how satisfied you were with the treatment you received at Evergreen Physical Therapy Specialists, PC (EPTS.) Your ratings, comments, and suggestions will provide us with valuable feedback that will be used to make changes to improve the delivery of physical therapy. It also impacts the quality of customer service from all staff involved from the beginning to the end of your care. Thank you in advance for your help in improving all aspects of our service.

Your physical therapist was: _____ Today's date: _____

Number of weeks in therapy: _____ Injury: _____

For each question, please use the following rating scale: 1=poor 2=fair 3=average 4=good 5=excellent

Access to care

1. Convenience of scheduling appointments.	1	2	3	4	5
2. Necessary information regarding 1st visit was presented clearly.	1	2	3	4	5
3. Courtesy of staff members when you call.	1	2	3	4	5
4. Reception received at our clinic was friendly and courteous.	1	2	3	4	5
5. The clinic was comfortable and pleasant.	1	2	3	4	5
6. The parking was accessible.	1	2	3	4	5

Billing

1. Our payment system was clearly explained to you, i.e., pt % and copays, insurance and pt responsibility.	1	2	3	4	5
2. The bills you received were easy to understand.	1	2	3	4	5
3. Problems with billing were taken care of effortlessly and timely.	1	2	3	4	5

Quality of Care

1. Privacy and dignity were provided during your treatment.	1	2	3	4	5
2. Your therapist showed interest in you.	1	2	3	4	5
3. Your therapist explained the nature of your problem and your treatment plan clearly.	1	2	3	4	5
4. The therapist involved you in establishing goals.	1	2	3	4	5
5. Rate your confidence in your therapist's abilities.	1	2	3	4	5
6. Your home exercise program was clearly explained to you.	1	2	3	4	5
7. Rate your comfort level working with our support staff.	1	2	3	4	5
8. Rate your likeliness to return to our clinic for physical therapy or to send a friend or family member.	1	2	3	4	5
9. Rate your improvement since your initial visit.	0%	25%	50%	75%	100%

What was most valuable during your experience here at EPTS?

What advice could you offer about ways to improve the care and service at EPTS?

Optional: Name: _____ Phone # _____

Do you mind if we contact you regarding follow-up questions? Yes ___ No ___