

Clinic Name Here

Our clinic continually strives to maintain and deliver the highest quality of care to our patients. We also want to improve whenever possible. One of the most helpful tools we use is honest feedback from our patients. Please take a few moments to complete this questionnaire (10 questions) regarding your experience in our clinic.

Please note that answers will be kept completely confidential

Please rate our clinic and staff by completely filling in the circle next to the appropriate response:

	Excellent	Very Good	Fair	Poor	Very Poor	N/A
1. Overall impression of our facility	⑤	④	③	②	①	○
2. Communication with our staff, both on the telephone and in person	⑤	④	③	②	①	○
3. Waiting times for scheduling appointments and for being seen at the time of your appointment in clinic	⑤	④	③	②	①	○
4. Explanation of clinic paperwork and your financial obligations for therapy services	⑤	④	③	②	①	○
5. Clinical staff's courteousness, professionalism, and respect for your privacy/confidentiality	⑤	④	③	②	①	○
6. Therapist's willingness and ability to clearly answer your questions	⑤	④	③	②	①	○
7. Therapist's understanding of your condition	⑤	④	③	②	①	○
8. Your confidence in the therapist's ability to perform a thorough examination, accurately evaluate your condition, and provide appropriate treatment	⑤	④	③	②	①	○
9. Therapist's explanation of home exercise program and what you should expect after discharge from therapy	⑤	④	③	②	①	○
10. Please rate your willingness to recommend this clinic to your family and friends if they need physical therapy	⑤	④	③	②	①	○

Comments or suggestions:

Please send response to: CareConnections
11481 SW Hall Blvd #201
Portland, OR 97223

This clinic subscribes to CareConnections, an independent quality monitoring and management service. If you would like more information, please visit www.careconnections.com.

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