

Patient Therapy Satisfaction Questionnaire

Dear Valued Patient,

LoHi Physical Therapy is dedicated to providing quality care and services to all patients. We ask your assistance in achieving this goal by completing the following questionnaire. Your comments are for LoHi PT quality assurance purposes only.

Please rank the following (circle one):

(1) Indicates dissatisfied with care, (5) indicates excellent care

	Dissatisfied				Excellent
Facility cleanliness.....	1	2	3	4	5
General impression of facility.....	1	2	3	4	5
Courtesy of staff.....	1	2	3	4	5
Consistently treated by the same therapist.....	1	2	3	4	5
Did therapy incorporate your work activities.....	1	2	3	4	5
Appointment availability.....	1	2	3	4	5
Overall satisfaction.....	1	2	3	4	5

Additional Comments:

Optional Information:

Therapist Name: _____

Your Name: _____