

Client Satisfaction Survey

Bonney Lake Physical Therapy & Hand Rehab would like to know about your therapy experience. Your responses will be helpful in our mission to provide excellent care and customer service. After completing the survey, please mail it back in the enclosed pre-paid postage envelope. You may also fax us the form, 253-862-2675.

Agree *Disagree* *N/A*

1. I was able to schedule my first appointment within a reasonable amount of time.....
2. The receptionists were pleasant and helpful.....
3. The length of waiting at the time of appointments was minimal.....
4. The clinic/treatment area was clean and orderly.....
5. My therapist was professional, thorough, and paid attention to my needs.....
6. My privacy was respected.....
7. I am satisfied with the therapist(s) I saw.....
8. The goals of the therapy program were shared with me and I had input.....
9. The home program or instructions were clear and easy to follow.....
10. I would return and/or recommend this clinic to others.....

Please list any positive experiences you encountered with your treatment program:

Please list any negative experiences you encountered with your treatment program:

Thank you for taking this time to help us.

If you have any questions regarding this survey or our services, please contact the clinic: phone: 253-862-2575, fax: 253-862-2675, or email: blpthr@hotmail.com.

OPTIONAL:

Name: _____

Phone Number: _____

Would you like us to contact you regarding any specific concern about your rehabilitation visit?

Yes No