

David Stevenson Physical Therapy, Inc.
Patient Satisfaction Survey

Please complete this survey by placing a descriptor number (#), after the statement, which would correspond to your most accurate answer. Thank you.

Descriptor # 0 - Disagree 1 - Agree 2 - Strongly Agree

1. I was greeted in a warm and friendly manner by all staff members. # ____
2. The appearance of the facility was always neat, clean and orderly. # ____
3. I felt my Physical Therapist was knowledgeable about my diagnosis and the problem I was receiving physical therapy for. # ____
4. I felt my Physical Therapist was easy to communicate with. # ____
5. The treatment was delivered in a professional manner and I felt comfortable with the care I received at this facility. # ____
6. I am satisfied with the progress of my condition I was referred for. # ____
7. I would recommend this facility to my friends and/or referring doctor. # ____
8. My financial responsibility was clearly explained to me. # ____

COMMENTS:

Thank you!

Date: _____

Patient's Name (optional) _____

Points total ____ Out of a possible ____ Rating ____%

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