



Orthopedic Specialist



McKenzie Method

Credentialed McKenzie Spinal Therapists
Board Certified Orthopedic Therapists
Certified Hand Therapists

BARRY G. INGLETT PT, C.H.T., Cert MDT

CATHERINE LAICO PT, O.C.S., Cert MDT

JEANETTE CATOGGIO PT, Cert. MDT

JUNE H. BLISS PTA

SUSAN BOYLE PTA

PATIENT SURVEY

Name (Optional)

This survey may be used in marketing efforts or to feedback my experience of care to my physician.

signature

date

Physician

Physical Therapist

Condition Treated For

Treatment

1. Were you satisfied with the quality of care provided at Wayne Physical Therapy Center?
Yes No

Comments:

2. Were you brought in for your appointment promptly? Yes No

Comments:

3. Did you receive treatment in a timely manner? Yes No

Comments:

4. Did your therapist provide you an opportunity to ask questions? Yes No

Comments:

5. Were your questions answered to your satisfaction? Yes No

Comments:

(OVER)

6. Were you satisfied with your therapist's level of competence? Yes No

Comments:

7. Did your therapist have a good bedside manner? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_

8. Were you provided a home exercise program? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_

9. Were you satisfied with the results of your treatment? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_

### **Environment**

1. Was the area you were treated in clean? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_

2. Was the atmosphere pleasant? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_

### **Office**

1. Were our office personnel courteous and helpful? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_

2. Was scheduling appointments convenient? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_

3. Were our billing procedures explained fully prior to your first visit? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_

4. Were our office personnel helpful in filling out and/or explaining insurance forms?

Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_

Do you have any additional comments or suggestions?

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