

Today's Date:



## DYNAMIC BRACING & PHYSICAL THERAPY, INC

Using the scale below, please take the time to fill out this patient satisfaction questionnaire. Your input is important to us and helps us continue to provide quality service to our patients.

- | <b>Strongly Agree</b>   | <b>Moderately Agree</b> | <b>Slightly Agree</b>   | <b>Slightly Disagree</b> | <b>Moderately Disagree</b> | <b>Completely Disagree</b> |
|---|-------------------------|-------------------------|--------------------------|----------------------------|----------------------------|
| 6   | 5                       | 4                       | 3                        | 2                          | 1                          |
| 1. Overall impression of our facility is outstanding?   |                         |                         |                          |                            |                            |
| <input type="radio"/> 6   | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3  | <input type="radio"/> 2    | <input type="radio"/> 1    |
| 2. Excellent communication with staff on the phone and in person?                             |                         |                         |                          |                            |                            |
| <input type="radio"/> 6   | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3  | <input type="radio"/> 2    | <input type="radio"/> 1    |
| 3. The staff was professional and courteous?  |                         |                         |                          |                            |                            |
| <input type="radio"/> 6   | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3  | <input type="radio"/> 2    | <input type="radio"/> 1    |
| 4. Waiting times for scheduling appointments were reasonable?                                 |                         |                         |                          |                            |                            |
| <input type="radio"/> 5   | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3  | <input type="radio"/> 2    | <input type="radio"/> 1    |
| 5. Is there adequate parking available?   |                         |                         |                          |                            |                            |
| <input type="radio"/> 6   | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3  | <input type="radio"/> 2    | <input type="radio"/> 1    |
| 6. Were you given (or offered) a copy of our financial and privacy policy?                    |                         |                         |                          |                            |                            |
| <input type="radio"/> Yes   |                         |                         | <input type="radio"/> No |                            |                            |
| 7. Was our billing process and your insurance benefits explained to you to your satisfaction? |                         |                         |                          |                            |                            |
| <input type="radio"/> 6   | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3  | <input type="radio"/> 2    | <input type="radio"/> 1    |
| 8. Respect for privacy and confidentiality?   |                         |                         |                          |                            |                            |
| <input type="radio"/> 6   | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3  | <input type="radio"/> 2    | <input type="radio"/> 1    |
| 9. Treatment started on time or within a few minutes of scheduled time?                       |                         |                         |                          |                            |                            |
| <input type="radio"/> 6   | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3  | <input type="radio"/> 2    | <input type="radio"/> 1    |
| 10. Was the facility clean and orderly?   |                         |                         |                          |                            |                            |
| <input type="radio"/> 6   | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3  | <input type="radio"/> 2    | <input type="radio"/> 1    |
| 11. Were the equipment and furnishings up to date?  |                         |                         |                          |                            |                            |
| <input type="radio"/> 6   | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3  | <input type="radio"/> 2    | <input type="radio"/> 1    |
| 12. Therapist had a thorough understanding of your condition?                                 |                         |                         |                          |                            |                            |
| <input type="radio"/> 6   | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3  | <input type="radio"/> 2    | <input type="radio"/> 1    |
| 13. Therapist showed willingness and ability to clearly answer your questions?                |                         |                         |                          |                            |                            |
| <input type="radio"/> 6   | <input type="radio"/> 5 | <input type="radio"/> 4 | <input type="radio"/> 3  | <input type="radio"/> 2    | <input type="radio"/> 1    |

PLEASE CONTINUE ON TO NEXT PAGE

14. Therapist's ability to perform a thorough examination, accurately evaluate your condition and provide appropriate treatment?

- 6       5       4       3       2       1

15. Therapists gave explanation of home exercise program and what you should expect after discharge.

- 6       5       4       3       2       1

16. Were your goals clearly defined and did they include your input?

- 6       5       4       3       2       1

17. Would you recommend our clinic to others?

- Yes       No

Please list any comments, questions or concerns you would like to share with us.

**Thank you for your feedback!**