

Patient Satisfaction Survey

Patient Name: _____

Patient DOB: _____ / _____ / _____

Referring Physician: _____

Survey Date: _____ / _____ / _____

For your current rehabilitation treatment, how satisfied were you with:	Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied
1. Information you were given about your condition?					
2. Amount of your input in setting treatment goals?					
3. Availability of convenient appointments?					
4. Access to this facility location?					
5. Level of courtesy and respect shown to you?					
6. Treatments for your condition?					
7. Overall results of your treatment?					
8. Based on your experience at this facility, select which response you would give to a friend, "I was..."					