

SYNERGY THERAPEUTIC GROUP

Facility Code STG CDIDQ

PATIENT SATISFACTION SURVEY

Print the LAST name of your Therapist _____

Why did you choose THIS office/therapist? Telephone directory Friend/Family Insurance book
 Physician referred Attorney Other:

Who is your primary care physician? _____

Was there a specialist physician that referred you? _____ (If yes, who: _____)

| | strongly agree | agree | disagree | strongly disagree | no opinion |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. My therapist was courteous | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. My therapist understood my problem or condition | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. The explanations my therapist gave me were helpful | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. The front desk person was courteous | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. I was satisfied with the treatment provided by the therapist | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. I was satisfied with the treatment provided by the assistants | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. The facility scheduled appointments at convenient times | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. My first visit was scheduled quickly | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. It was easy to schedule follow-up appointments | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. I was seen promptly when I arrived for treatment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. The location of the facility was convenient for me | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. Parking was available for me | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. My bills were accurate | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. The cost of treatments I received were reasonable | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. I would recommend this facility to family or friends | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16. I would return to this facility for care in the future | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17. My privacy was respected during my care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18. Overall, I was satisfied with my experience here | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

19. Your age: _____ years

20. Your gender: Male Female

21. Your ethnicity: Caucasian/White Hispanic/Latino Black/African American
 Asian/Pacific Islander Other

22. Choose the BEST description of your problem: Post Operative chronic Minor Severe other

23. What did you like BEST about your experience: _____

24. What did you like LEAST about your experience: _____

25. What would you say to someone considering this therapist or facility?: _____

May we use your statement in our literature? _____ May we use your name in our literature? _____

[If you answered yes to both questions above, please complete the rest of this form.]

Name _____ Signature _____ Date _____

Address _____

Email Address _____ Telephone _____

SYNERGY Therapeutic Group

www.SYNERGYTHERAPEUTICGROUP.COM