

Pro-Rehab Services

Physical Therapy and Rehabilitation Center

PATIENT SATISFACTION SURVEY

Dear Patient/family member,

Our goal at Pro-Rehab is to provide exemplary patient care. We value your feedback and opinion. Please take a few moments to answer the following questions.

Thank you in advance for your consideration.

Date: _____

Office Location: Palos Heights Tinley Park

What Type of Service did you receive?

Physical Therapy Speech Therapy Pediatric

1) How long after calling for an appointment were you scheduled to be seen?

24 – 48 hours

3 – 5 Days

5 – 7 Days

7 – 14 Days

2) Was the front office staff courteous to you? Yes No

3) Were you seen within 15 minutes of your scheduled time? Yes No

4) When calling the office how long were you placed on hold?

0-30 seconds

30 seconds – 1 min

1-2 min

More than 2 min

5) Did the treating therapist explain your treatment and goals to your satisfaction?

Yes No

6) Did you receive home program instructions from your therapist? Yes No

7) How would you rate the value of the services delivered to you?

Excellent Average Poor

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8) Would you recommend Pro-Rehab Services to others? Yes No

Any additional comments/ suggestions that may help us serve our patients better?

If you would like us to contact you with any concerns you may have regarding the services you received at Pro-Rehab Services, please give us your contact information below.

Patient Name

Phone Number