

# Mullis & Associates

## PHYSICAL THERAPY

EXPERIENCED. CONVENIENT.

### PATIENT SATISFACTION SURVEY

We would greatly appreciate it, if you took a moment to complete this survey in order to help us to continually improve our services.

Over the course of your treatment, how satisfied were you with the following items:

Please check the one box that most applies:

	Very Satisfied	Somewhat Satisfied	Neutral	Somewhat Dissatisfied	Very Dissatisfied
1) Ease of scheduling an appointment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Experience during your first appointment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Level of courtesy and attention of the receptionist?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Therapist's knowledge and explanation of your condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Therapist's level of professionalism and courtesy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) The therapy treatment you received for your condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Your overall experience with Mullis and Associates Physical Therapy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you recommend this clinic to others? (Circle one)      YES      NO

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

Therapist's Name: \_\_\_\_\_ Your Name: (Optional) \_\_\_\_\_

**Thank You**