

Physical Therapy Patient Satisfaction Survey

Thank you for choosing our physical therapy clinic. Please take a moment to complete this satisfaction survey. You can fill this out digitally or print it to complete by hand.

Patient & Visit Information

Patient Name:

Date of Service:

Physical Therapist Name:

Care and Treatment Evaluation

Please rate the following aspects of your care on a scale from 1 to 5 (with 1 being Strongly Disagree and 5 being Strongly Agree).

1. The therapist listened carefully to my concerns and goals:

2. The therapist clearly explained my treatment plan and exercises:

3. I feel my physical therapy sessions are helping me recover:

4. The therapist and staff treated me with respect and courtesy:

Facility and Scheduling

5. Scheduling appointments was easy and convenient:

6. The clinic environment was clean, safe, and comfortable:

7. My appointments started on time:

Overall Experience

8. What is your overall satisfaction score with our clinic (1 to 10):

What did you like best about your physical therapy experience?

What areas of our service could we improve?

Would you recommend our physical therapy services to others? (Yes/No):