

Northside Physical Therapy & Sports Rehabilitation Center  
N 6821 Country Homes Blvd #102 Spokane, WA 99208

Dear Patient:

We want to give you the best possible physical therapy care! To do that, we need your feedback. Please let us know what you think we're doing right, and how we can improve, by filling out the following patient survey. All of your responses will be kept strictly confidential, and your signature is not required. So please use this opportunity to respond freely. Thank you very much!!

1. Who referred you to our office? MD \_\_\_\_\_ Another patient \_\_\_\_\_ Relative or friend \_\_\_\_\_  
Chose from phone book \_\_\_\_\_ Other \_\_\_\_\_.
2. Have you been treated in our office for more than one series of physical therapy? Yes 38% No 62%.  
If yes, did you return for: the same or similar problem 46% a different problem 47%.
3. Were you offered your first appointment: Within 1-3 days of initial phone call 52% Within 4-6 days of phone call 34% 7 days or more 14%.
4. Please rate the following by circling: % % %
- |  |                     |                   |                 |
|--|---------------------|-------------------|-----------------|
| a. Initial phone call with our office: | Very good <u>87</u> | Average <u>13</u> | Poor <u>0.8</u> |
| b. Convenience of location:            | Very good <u>88</u> | Average <u>12</u> | Poor <u>0.8</u> |
| c. Billing policy information:         | Very good <u>82</u> | Average <u>17</u> | Poor <u>1.7</u> |
| d. Scheduling:                         | Very good <u>88</u> | Average <u>12</u> | Poor <u>0.6</u> |
| e. Office environment, cleanliness:    | Very good <u>94</u> | Average <u>6</u>  | Poor <u>0.2</u> |
5. How long on the average did you have to wait in the reception area?  
Less than 5 mins 70% 5-10 mins 27% 15-30 mins 0.7 more than 30 mins 0.
6. How well did the care you receive meet your expectations?  
Exceeded expectations 55% Met expectations 43% Did not meet expectations 2%.

7. Did the **receptionist**: 7%
- a. Greet you pleasantly? Yes 98 No 2.
- b. Handle payment efficiently? Yes 99 No 1.
- c. Seem to be (check all that apply):  
Concerned 57 Competent 80 Courteous 77 Disrespectful 0.9 Inefficient 0.6 Unconcerned 0.2  
Other \_\_\_\_\_

8. Did the physical therapy **aide**:
- a. Introduce him/herself? Yes 99 No 1.
- b. Seem to be (check all that apply):  
Concerned 80 Competent 87 Courteous 85 Disrespectful 0.6 Inefficient 0.5 Unconcerned 0.4  
Other \_\_\_\_\_

9. Did the **physical therapist**: 7%
- a. Introduce him/herself? Yes 99.9 No 0.1.
- b. Seem to be (check all that apply):  
Concerned 92 Competent 90 Courteous 88 Knowledgeable 69 Informative 63  
Abrupt 0.3 Aloof 0.2 Disrespectful 0 Inefficient 0.2 Unconcerned 0.2  
Other \_\_\_\_\_

10. On a scale of 1-5, how would you rate the overall services of this clinic?  
5 (excellent) 74 4 (above average) 22 3 (Average) 3 2 (Below Average) 0.3 1 (Poor) 0.3

VERY GOOD  
+  
EXCELLENT =  
96.5%

11. Would you recommend us to a friend or relative? Yes 98 Maybe 1.5 No 0.5.

12. Please comment here and on back: \_\_\_\_\_

2006 ONLY TO  
MARCH 3, 2006Northside Physical Therapy & Sports Rehabilitation Center  
N 6821 Country Homes Blvd #102 Spokane, WA 99208

Dear Patient:

We want to give you the best possible physical therapy care! To do that, we need your feedback. Please let us know what you think we're doing right, and how we can improve, by filling out the following patient survey. All of your responses will be kept strictly confidential, and your signature is not required. So please use this opportunity to respond freely. Thank you very much!!

1. Who referred you to our office? MD \_\_\_\_\_ Another patient \_\_\_\_\_ Relative or friend \_\_\_\_\_  
Chose from phone book \_\_\_\_\_ Other \_\_\_\_\_.
2. Have you been treated in our office for more than one series of physical therapy? Yes \_\_\_\_\_ No \_\_\_\_\_.  
If yes, did you return for: the same or similar problem \_\_\_\_\_ a different problem \_\_\_\_\_.
3. Were you offered your first appointment: Within 1-3 days of initial phone call 65% Within 4-6 days of phone call 26% 7 days or more 9%
4. Please rate the following by circling:
 

	%	%	%
a. Initial phone call with our office:	Very good <u>85</u>	Average <u>14</u>	Poor <u>1</u>
b. Convenience of location:	Very good <u>88</u>	Average <u>12</u>	Poor _____
c. Billing policy information:	Very good <u>80</u>	Average <u>17</u>	Poor _____
d. Scheduling:	Very good <u>88</u>	Average <u>10</u>	Poor _____
e. Office environment, cleanliness:	Very good <u>90</u>	Average <u>10</u>	Poor _____
5. How long on the average did you have to wait in the reception area?  
Less than 5 mins 90% 5-10 mins 10% 15-30 mins \_\_\_\_\_ more than 30 mins \_\_\_\_\_.
6. How well did the care you receive meet your expectations?  
Exceeded expectations 59% Met expectations 35% Did not meet expectations 6%

---

7. Did the **receptionist**: %
  - a. Greet you pleasantly? Yes 100 No \_\_\_\_\_.
  - b. Handle payment efficiently? Yes 90 No \_\_\_\_\_.
  - c. Seem to be (check all that apply):  
Concerned 76 Competent 76 Courteous 80 Disrespectful 2 Inefficient 0 Unconcerned 0  
Other \_\_\_\_\_
8. Did the physical therapy **aide**: %
  - a. Introduce him/herself? Yes 98 No 2.
  - b. Seem to be (check all that apply):  
Concerned 82 Competent 80 Courteous 76 Disrespectful 2 Inefficient 0 Unconcerned 0  
Other \_\_\_\_\_
9. Did the **physical therapist**: %
  - a. Introduce him/herself? Yes 100 No \_\_\_\_\_.
  - b. Seem to be (check all that apply):  
Concerned 88 Competent 80 Courteous 82 Knowledgeable 66 Informative 60  
Abrupt 0 Aloof 0 Disrespectful 0 Inefficient 0 Unconcerned 0  
Other \_\_\_\_\_
10. On a scale of 1-5, how would you rate the overall services of this clinic? %  
5 (excellent) 72% 4 (above average) 24 3 (Average) 4 2 (Below Average) 0 1 (Poor) 0
11. Would you recommend us to a friend or relative? Yes 96 Maybe 2 No 2.
12. Please comment here and on back: \_\_\_\_\_