



Physical Therapy and Hand Center, L.L.C.

In an attempt to improve our service we would like to know how you feel about the care that was provided to you at ProCare. Your responses are taken very seriously and have an impact on how we care for our patients. All responses will be kept anonymous unless you authorize otherwise. Thank you for your time.

Please circle how well you feel we are doing in these areas	Great 5	Good 4	OK 3	Fair 2	Poor 1
Facility					
Location of facility was convenient	5	4	3	2	1
Hours available	5	4	3	2	1
Atmosphere	5	4	3	2	1
Registration was simple	5	4	3	2	1
Office staff was courteous	5	4	3	2	1
My initial visit was scheduled within 48 hours or within my desired time frame	5	4	3	2	1
Insurance, co-Pays, and deductible were explained in a clear and helpful manner	5	4	3	2	1
Cleanliness of facility	5	4	3	2	1
To what level do you feel your privacy was respected	5	4	3	2	1
Therapist					
Time waiting for Therapist was acceptable	5	4	3	2	1
Clinician introduced him/herself personally	5	4	3	2	1
Felt Therapist listened to concerns and addressed them	5	4	3	2	1
Therapist answered all questions thoroughly	5	4	3	2	1
I received enough individual attention from my Therapist	5	4	3	2	1
Therapist was knowledgeable about condition and course of treatment	5	4	3	2	1
Felt Therapist worked with physician for greatest possible outcome	5	4	3	2	1
Cost / Payment					
How would you rate your overall insurance benefit for rehab services	5	4	3	2	1
Has your out of pocket cost affected your participation in the recommended rehab program?	YES			NO	

How would you rate your improvement as a result of your treatment at ProCare?

What could we have done differently to improve your experience at ProCare?

What is your overall impression of ProCare?

Would you refer someone to ProCare for care of their injury?

Any additional comments:

May we share your comments as testimonials? YES NO

Contact Information (Optional)

Name:

Contact e-mail:

Primary Therapist:
