



A1 Physical Therapy Clinic of Irving at Las Colinas

Patient satisfaction survey

Our goal is to better serve you and all of our clients. Please assist us in our quest to accomplish our goal by taking a few minutes to complete this survey. Thank you in advance for your assistance in this regard.

Rate the following on a scale of 1 (Poor) to 5 (Excellent):

1. Ease of scheduling appointment for initial visit: _____
2. Ease of scheduling appointment for treatment visits: _____
3. Waiting period prior to treatments: _____
4. Rate your experience for telephone communications with us: _____
5. Staff listening skills: _____
6. Staff attentiveness: _____
7. Staff knowledge: _____
8. Staff friendliness: _____
9. Professionalism and courtesy of staff: _____
10. Staff provides good advice and treatment: _____
11. Neatness and comfort of the facility: _____

Questions:

1. Will you come back for future needs? If not, why not? _____

2. May we contact you in the future? If so, how would you prefer to be contacted?

3. How did you hear about us? _____
4. What did you like best about your visits and the staff? _____

5. What did you like least about your visits and the staff? _____
6. How can we improve to better serve you? _____