



Satisfaction Survey

Dear Patient,

Epic Physical Therapy’s goal is to provide you with the highest quality of care. Please take a moment to let us know how we are doing.

Please circle the number that best represents your answer:

1- Poor 3- Average 5- Excellent

How would you rate your satisfaction with EPIC Physical Therapy in the following areas?

Time spent with therapist	1	2	3	4	5
Quality of services	1	2	3	4	5
Questions answered	1	2	3	4	5
Home Exercise provided	1	2	3	4	5
Professional and friendly staff	1	2	3	4	5
Convenient appointments	1	2	3	4	5
Understanding your insurance coverage	1	2	3	4	5
Easy access to equipment	1	2	3	4	5
Overall clinic appearance	1	2	3	4	5
Adequate parking	1	2	3	4	5
Your goals were addressed/met	1	2	3	4	5

Therapist Name: _____

Epic Clinic: _____

How did you hear about EPIC?

- _____ Physician/Healthcare provider
- _____ Friend/Family
- _____ Internet
- _____ Attorney
- _____ Other

Would you refer someone else to EPIC Physical Therapy for service/programs? Yes No

Comments:

Thank you for your time and comments!