

PHYSICAL THERAPY PLUS

PATIENT FEEDBACK SURVEY

Your response will be kept strictly confidential. Please place your completed survey in the box in our office or send it to:
Executive Director, 207 Pine Street, Syracuse, NY 13210.

1. With which physical therapist or PTA did you work? _____
2. Do you have any suggestions for how we might improve our services? _____

3. We publish testimonials written by our patients on our website. If you would like to write a review or testimonial for publication, please write it below. Include your first name & first initial of your last name.

(Use back of sheet, if needed)

GENERAL COMMENTS	EXCELLENT	GOOD	FAIR	POOR	N/A
Your overall experience with PT Plus					
Likelihood of recommending PT Plus to others					
Staff working together to care for you					
Waiting time in the reception area					
Cleanliness of rest rooms					
APPOINTMENT					
Phone calls were answered promptly					
Ease of making an appointment					
Appointment made within 24 hours of calling					
Courtesy and friendliness of receptionist					
Efficiency of check-in process					
BILLING/PAYMENT					
Accuracy of bills					
Timeliness of bills					
Ease of payment/co-payment					
Bills clear and understandable					
Courtesy and professionalism of billers					
Billers' willingness to listen to & answer questions					
Assistance with benefits and billing					
PHYSICAL THERAPIST or PTA					
Rate the PT/ PTA with whom you worked					
Your confidence in this provider					
Showed concern for your questions or worries					
Willingness to listen to/answer your questions					
Thoroughness of exam and information given					
Amount of time spent with you					
Injury/Treatment explained clearly to you					