

FLORIDA ORTHOPAEDIC INSTITUTE REHABILITATION CENTER INSTITUTE PATIENT SATISFACTION SURVEY

Our goal is to provide all of our patients with the highest level of quality care. We would appreciate your confidential evaluation of our services by answering the following questions. We thank you for the opportunity to serve you.

At which location were you seen?

- Telecom Parkway
 Brandon

- South Tampa
 M.L. King, Jr. Blvd.

- Dale Mabry Hwy, Carrollwood

Were you seen for **Physical Therapy Services** or **Occupational/Hand Therapy Services**

1. I was able to schedule my initial appointment within a reasonable time period.

- (4) Strongly agree (3) Agree (2) Disagree (1) Strongly Disagree

2. The front office staff was friendly, professional, and helpful.

- (4) Strongly agree (3) Agree (2) Disagree (1) Strongly Disagree

3. On average, I waited for the following amount of time for my scheduled appointments once I arrived.

- (4) 0-10 min. (3) 11-15 minutes (2) 16-20 min. (1) 20+ minutes

4. My financial responsibility was clearly explained to me.

- (4) Strongly agree (3) Agree (2) Disagree (1) Strongly Disagree

5. The therapist and staff explained my diagnosis, therapy treatment, and goals.

- (4) Strongly agree (3) Agree (2) Disagree (1) Strongly Disagree

6. My therapy treatment program was appropriately supervised.

- (4) Strongly agree (3) Agree (2) Disagree (1) Strongly Disagree

7. The clinical staff was knowledgeable, professional, and courteous.

- (4) Strongly agree (3) Agree (2) Disagree (1) Strongly Disagree

8. The appearance of the facility was neat and clean.

- (4) Strongly agree (3) Agree (2) Disagree (1) Strongly Disagree

9. My condition improved from therapy I received.

- (4) Strongly agree (3) Agree (2) Disagree (1) Strongly Disagree

9a. If therapy did not improve your condition, please explain why:

10. I would recommend this facility to my family, friends, and/or referring doctor.

- (4) Strongly agree (3) Agree (2) Disagree (1) Strongly Disagree

11. Did any staff member go above and beyond to provide you exceptional care? Yes / No

If so, whom? _____

Please list any additional comments or ways we can improve:

Thanks you for your comments!