
NEWSOME PHYSICAL THERAPY NETWORK

Patient Survey

It is our goal to provide the best quality care to our patients. In order to help us assess our performance, please complete this brief survey. We appreciate your honest input.

How did you hear about us? _____

Was our facility location easily accessible? Yes No

Did you find the facility to be clean and organized? Yes No

Were your phone calls handled in a prompt and courteous manner? Yes No

Was our staff helpful in finding appointments that met your needs? Yes No

Were your insurance benefits adequately explained to you? Yes No

Were our front office personnel friendly and courteous? Yes No

Were your treatments started in a timely manner? Yes No

Did you find your therapist to be courteous and knowledgeable? Yes No

Was your therapist attentive to your needs during your treatment? Yes No

Were you informed about the treatment plan as therapy progressed? Yes No

Did you find the clinical support staff to be courteous and knowledgeable? Yes No

Do you feel the clinical support staff was attentive during your treatment? Yes No

Did the support staff properly seek out a therapist to assist when needed? Yes No

Were you pleased with your therapeutic outcome? Yes No

If you knew someone in need of OT/PT, would you recommend us? Yes No

Please add any comments or suggestions which might help us improve our services.

Therapist Name: _____ **Physician:** _____

Your Name (Optional): _____ **Date:** _____

Please return the survey to: Newsome PT Network – 920 Essington Rd., Joliet, IL 60435