



Patient Satisfaction Survey

Date: _____

How did you find out about our clinic?

- Physician
- Specialist
- Insurer
- WSIB
- Employer
- Yellow Pages
- Google
- Bing
- Yahoo
- Other

Indicate how your treatment was paid

- WSIB
- AUTO Insurance
- Extended Health Benefits
- Auto Insurance + Extended Health Benefits
- Out of Pocket

Indicate how you traveled to the clinic

- Car
- Taxi
- Public Transportation
- Wheel Trans
- Other

If treatment was funded by AUTO Insurance, please provide insurance company: _____

Scoring Legend is as follows:

	1 <i>Unacceptable</i>	2 <i>Below Average</i>	3 <i>Average</i>	4 <i>Above Average</i>	5 <i>Exceptional</i>
1) Rate the appearance and comfort of the Clinic.				1 2	3 4 5
2) Did you find the staff at the clinic reception desk both courteous and helpful in handling your appointments, bookings and/or billing?				1 2	3 4 5
3) Was your physiotherapist effective in explaining your condition and discussing goals of treatment with you?				1 2	3 4 5
4) Was your physiotherapist effective in treating your problem and achieving the goals of treatment?				1 2	3 4 5
5) Rate whether the clinic was able to offer appointment times that worked well with your schedule?				1 2	3 4 5
6) How convenient was the clinic location and was public parking adequate?				1 2	3 4 5
7) Rate your overall satisfaction with the Clinic.				1 2	3 4 5

Please suggest ways in which we can better meet your needs in the future:

Thank you for providing us with this feedback. Please drop this Survey in our Suggestion Box.
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 or
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 or
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