

Discharge Survey

1. Why were you referred by your physician to physical therapy (chief complaint or diagnosis)?
2. How long did you have to wait to be scheduled for your first appointment? **1 day**
2-4 days **5-7 days** **Greater than 1 week**
3. Once completing the appropriate forms, how long did you wait before being seen by your physical therapist for your first appointment? **Less than 10 minutes** **10-15 minutes** **15-20 minutes** **20-30 minutes**
4. Were your physical therapy insurance benefits explained to you during your first visit?
Yes **No**
5. How long did you have to wait to see your therapist for subsequent appointments? **Less than 10 minutes** **10-15 minutes** **15-20 minutes**
20-30 minutes
6. Besides your recent physical therapy treatment, have you even had any previous experiences with physical therapy? **Yes** **No**
If yes, how do we compare?
7. Are you completely satisfied with the overall care provided by your physical therapist?
Yes **No**
What would you like to have seen done differently?
8. Now that you are no longer receiving physical therapy treatments, do you feel your problem or complaint has been: **Greatly Improved** **Improved**
Somewhat Improved **Not Improved** **Worsened**
9. Would you consider our office for any future services? **Yes** **No**
10. What could be better?

THANK YOU!!

