

Southern Tier Physical Therapy

200 Front Street

Vestal, NY 13850



(607) 754-1776

Fax (607) 748-5465

Stpta200@gmail.com

www.stpta.com

You recently received physical therapy services at our facility. Because we strive to deliver the best possible physical therapy services, we are interested in learning from patients how we might improve or enhance our services. Please take a few minutes to complete and return this questionnaire.

Please place an X in the appropriate box to indicate your rating, or answer descriptive questions on the appropriate line. Any additional comments you wish to make are welcome; write in the "Comments" section at the end of the questionnaire, or attach additional pages if you require more space. Please return the questionnaire to us at your earliest convenience.

Thank you very much for your feedback.

-----Physical Therapy Patient Satisfaction Questionnaire-----

Descriptive Questions

1. Your Age: \_\_\_\_\_ Years

2. Your Sex:  Male  Female

3. How did you learn about this facility? *(Check all that apply)*

Physician

Insurance Company

Friend

Former Patient

Telephone Book

Other \_\_\_\_\_

4. Was this your first experience with physical therapy? Yes No

5. Was this your first experience with this facility? Yes No

6. Please check the location of the problem for which you received physical therapy *(Check all that apply)*

Neck

Hip

Lower Back

Foot

Shoulder

Hand

Elbow

Knee

Other \_\_\_\_\_

