

# PETTYGROVE PHYSICAL THERAPY & SPORTS REHABILITATION

Vinton R. Mougey, P.T.

James R. Weggenman, P.T.

## PATIENT SATISFACTION SURVEY

Every employee on the Pettygrove Physical Therapy team is dedicated to delivering exceptional service to our patients and providing premier rehabilitative care that returns our patients to active lifestyles.

We would greatly appreciate your feedback to help us identify areas where we can improve.

1. Were your appointments scheduled in a timeframe that met your needs?

Yes \_\_\_\_ No \_\_\_\_ Please explain:

2. Did our staff demonstrate a high level of customer service?

Yes \_\_\_\_ No \_\_\_\_ Please explain:

3. Did your Physical Therapist explain your condition and the physical therapy treatment in terms that you were able to understand?

Yes \_\_\_\_ No \_\_\_\_ Please explain:

4. Was your home program explained clearly so that you were able to follow the instructions at home?

Yes \_\_\_\_ No \_\_\_\_ Please explain:

5. Were you satisfied with the physical therapy treatment you received?

Yes \_\_\_\_ No \_\_\_\_ Please explain:

6. Would you recommend our facility to your family and friends?

Yes \_\_\_\_ No \_\_\_\_ Please explain:

7. What can we do to better serve your needs?

8. How would you rate our overall performance? (circle one)

Excellent      Very Good      Good      Fair      Poor

Name: (optional) \_\_\_\_\_ Date: \_\_\_\_\_

Northwest Center for Orthopedics & Rehabilitation  
1515 NW 18<sup>th</sup> Street, Suite 400      Portland, OR 97209  
Phone 503-228-1306      Fax 503-228-1307