

QualCare Therapy Center
 2333 Morris Avenue, Suite C-103, Union, NJ, 07083
 (908) 688-3366

Patient Satisfaction Survey

We would like to know how you feel about the services we provide. Your responses are directly responsible for improving these services. It is our way of ensuring we are meeting your needs as a patient. All responses will be kept confidential and anonymous. Thank you for your time.

Service(s) Provided: Physical Therapy: _____ Pulmonary Rehab.: _____; Both: _____ Oth Services: _____

Your Age: _____ Gender: M____ F____ Length of Treatment: _____ Days

Please indicate on the chart how well you think we are doing in the following areas:	Great "5"	Good "4"	Okay "3"	Fair "2"	Poor "1"
Ease of getting care					
Ability to get in to be seen					
Convenience of facility's location					
The facility is neat and clean					
Comfort and safety while waiting					
Prompt return calls					
Length of time in waiting room					
Length of time in exam room					
Length of time waiting for tests to be performed					
Length of time waiting for tests results					
Therapist listens to you					
Therapist takes enough time with you					
Therapist explains what you want to know					
Therapist gives you good advice and treatment					
Front Office Staff is friendly and helpful to you					
Likelihood of referring your friends and family to the facility					

What do you like best about our facility? _____

What could we improve? _____

May we use your input as testimonials for marketing purposes? ___Y ___N

Thank you for completing our Survey!