



4015 Lake Otis Parkway, Suite 200
Anchorage, AK 99508

www.akhandrehab.com

ph 907-563-8318
fax 907-563-3472

Patient Satisfaction Survey

Name(optional) _____ Therapist _____ Date _____

- | | YES
<u>Agree</u> | NO
<u>Disagree</u> |
|--|--------------------------|--------------------------|
| 1. Was this your first experience with occupational or physical therapy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I felt that my privacy was protected throughout my care. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I feel that I was treated with respect, courtesy and sensitivity by: | | |
| a) The therapists | <input type="checkbox"/> | <input type="checkbox"/> |
| b) The office staff | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I was satisfied with the technical skills of my therapist. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I was able to schedule appointments as needed. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I was seen in a timely fashion. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. The overall appearance of the clinic is clean and well maintained. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I felt that my therapist understood my problem or condition. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. The instructions my therapists gave me were helpful. | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. I felt that my therapist listened to my concerns. | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. My therapist took time to answer and explain all questions about my treatment. | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. I was satisfied with the overall quality of my therapy care. | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. I was satisfied with the billing department: | | |
| a) explanation of our financial policy | <input type="checkbox"/> | <input type="checkbox"/> |
| b) handling of my insurance claims | <input type="checkbox"/> | <input type="checkbox"/> |
| c) collection of co-pays, statements and payment plans | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. If you received a splint (orthosis/brace), was it helpful? | <input type="checkbox"/> | <input type="checkbox"/> |

The best thing about the clinic is:

What can be done to improve your overall experience in therapy?

I authorize use of my name (in association with my comments and suggestions) for marketing materials for Alaska Hand Rehabilitation. Signature _____ Date _____