Physical Therapy Feedback

Your feedback helps us improve your care and recovery. Fill the checkboxes completely using a blue or black pen. Your answers are anonymous and confidential.

Your therapy experience

Please rate how much you agree with each statement about your treatment.

Please cross one in each line

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
My therapist explained my treatment clearly	◯	◯	◯	◯	◯
My therapist listened to my concerns	◯	◯	◯	◯	◯
My pain or mobility has improved	◯	◯	◯	◯	◯
The exercises were explained well	◯	◯	◯	◯	◯
I felt comfortable during my sessions	◯	◯	◯	◯	◯
Appointments were easy to schedule	◯	◯	◯	◯	◯

Overall care

How would you rate your overall care? *(Please cross one)*

- ◯ Excellent
- ◯ Good
- ◯ Fair
- ◯ Poor

Any other comments?

Thank you for your feedback. Please return this form to the front desk.

To respond ⊗ or ●

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