

Family Care Plus Physical Therapy & Wellness Patient Survey

We care about you and want to know how we can better serve you!



Family Care Plus
Physical Therapy
& Wellness
Helping you heal, restore, and prevent

Name(optional): _____

E-Mail(optional): _____

Date of first visit: _____ Date of last visit: _____

- Was our staff caring and friendly? Yes No
- Were your fears about physical therapy listened to, discussed and cared for? Yes No
- Did your therapist explain to you about your condition and give you educational material? Yes No
- Did the cleanliness and neatness of our practice meet your expectations?
 Exceeded Expectation Met Expectation Below Expectation
- Was your treatment performed on time?
 Exceeded Expectation Met Expectation Below Expectation
- Please rate the percentage of your overall improvement from your condition.
 Other: _____ 0% 25% 50% 75% 100%
- Please rate the percentage of your overall satisfaction. (Services, care, staff, scheduling, etc)
 Other: _____ 0% 25% 50% 75% 100%
- Would you recommend our practice to your family members and friends?
 Yes No

Please comment on your overall experience and your satisfaction about our services:

It is important that we acknowledge if there is anything we need to improve on or to keep proceeding to do, so if you have any comments please let us know personally. Thank you for choosing Family Care Plus Physical Therapy & Wellness, and thanks for the opportunity to serve you. –FCPPT Staff