



# HAMPSTEAD SNEADS FERRY TOPSAIL

How are we doing? Please circle the appropriate ranking and other answers to questions.

1: Poor

2: Needs Improvement

3: Average

4: Good

5: Excellent

**LOCATION:**

**RECEPTION:**    1        2        3        4        5

*Courteous and useful interaction with the front office staff: greeting, co-pays, follow up appointments.*

**CARE:**            1        2        3        4        5

*Were you comfortable communicating with the Physical Therapist? What was your satisfaction with the exam, treatment, and explanation provided? Did you leave with questions unanswered?*

**THERAPY:**        1        2        3        4        5

*Was the Physical Therapist caring and vigilant of your care? Did he/she seem knowledgeable and communicative in directing your care here and at home?*

**GOALS:**            1        2        3        4        5

*Were your personal therapy goals met to your satisfaction?*

How did you hear about us? \_\_\_\_\_

Would you recommend HPT to your friends and family? Yes No

Comments & Suggestions:

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Thank you for taking the time to help us better serve you!

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