Guidry Physical Therapy Services, LLC
61700 Hwy 434 Unit D
Lacombe, LA 70448
(985) 882-8427
www.guidrypt.com

Dear Sir/Madam,

You recently received physical therapy services at Guidry Physical Therapy Services, LLC. Because we strive to deliver the best possible physical therapy services, we are interested in learning from patients/clients how we might improve or enhance our services. Please take a few minutes to complete and return this questionnaire. Please circle the appropriate number to indicate your rating, or answer the descriptive questions on the appropriate line. Any additional comments you wish to make are welcome; write in the "Comments" section at the end of the questionnaire, or attach additional pages if you require more space. Please return the questionnaire to the address above at your earliest convenience.

Thank you very much for your feedback!

Your age: ____ Years Your sex: ____ Male ____ Female
How did you learn about this facility? (Check all that apply)
____ Physician ____ Friend ____ Telephone book ____ Insurance company recommendation
____ Former patient ____ Web ____ Other_____
Was this your first experience with physical therapy? ____ Yes ____ No
Was this your first experience with this facility? ____ Yes ____ No
Please check the location of the problem for which you received physical therapy. (Check all that apply.)
____ Neck ____ Lower back ____ Shoulder ____ Elbow ____ Hip ____ Foot ____ Hand ____ Knee
____ Other, please indicate_____

Please rate your degree of satisfaction with each of the following statements. (1=strongly disagree, 2=disagree,3=neither agree nor disagree, 4=agree, 5=strongly agree. Please circle 9 if you have no opinion on the subject.)

7. My privacy was respected during my physical therapy care.	1 2 3 4 5 9
8. My physical therapist was courteous	1 2 3 4 5 9
9. All other staff members were courteous.	1 2 3 4 5 9
10. The clinic scheduled appointments at convenient times.	1 2 3 4 5 9
11. I was satisfied with the treatment provided by my physical therapist.	1 2 3 4 5 9
12. My first visit for physical therapy was scheduled quickly.	1 2 3 4 5 9
13. It was easy to schedule visits after my first appointment.	1 2 3 4 5 9
14. I was seen promptly when I arrived for treatment.	1 2 3 4 5 9
15. The location of the facility was convenient for me.	1 2 3 4 5 9
16. My bills were accurate.	1 2 3 4 5 9
17. Parking was available for me.	1 2 3 4 5 9
18. My physical therapist understood my problem or condition.	1 2 3 4 5 9
19. The instructions my physical therapist gave me were helpful.	1 2 3 4 5 9
20. I was satisfied with the overall quality of my physical therapy care.	1 2 3 4 5 9
21. I would recommend this facility to family or friends.	1 2 3 4 5 9
22. I would return to this facility for physical therapy care in the future.	1 2 3 4 5 9
23. The cost of the physical therapy treatment received was reasonable.	1 2 3 4 5 9
24. If I had to, I would pay for these physical therapy services myself.	1 2 3 4 5 9
25. Overall, I was satisfied with my experience with physical therapy.	1 2 3 4 5 9

Comments:_____