

Made to Move Physical Therapy, Inc.
615 N Nash St. El Segundo, CA 90245

At Made to Move Physical Therapy, Inc., we strive to deliver the best possible physical therapy services. We are interested in learning how we might improve or enhance our services. Please take a moment to complete and return our questionnaire.

Place an X in the appropriate box to indicate your rating and answer the descriptive questions. Any additional comments can be written in the "comments" section at the bottom of the questionnaire.

Thank you for your feedback!

1. How did you learn about this facility? *(Check all that apply)*
 Physician Friend Telephone book
 Former patient Insurance company Other _____

2. Was this your first experience with physical therapy? Yes No

3. Was this your first experience with this facility? Yes No

4. Please check the location of the problem for which you received physical therapy. *(Check all that apply)*
 Neck Lower back Shoulder Elbow Wrist/Hand

 Hip Knee Ankle/Foot Other

5. Who was your physical therapist? _____

Please rate your degree of satisfaction with each of the following statements.

1 = Strongly disagree 2 = Disagree 3 = Neither disagree or agree 4 = Agree 5 = Strongly agree

	1	2	3	4	5
Treatment provided by my physical therapist helped me achieve my goals.	<input type="checkbox"/>				
My physical therapist was courteous.	<input type="checkbox"/>				
All other staff members were courteous.	<input type="checkbox"/>				
The clinic scheduled appointments at convenient times.	<input type="checkbox"/>				
My first visit for physical therapy was scheduled promptly.	<input type="checkbox"/>				
It was easy to schedule appointments after my first visit.	<input type="checkbox"/>				
I was seen promptly when I arrived for treatment.	<input type="checkbox"/>				
I was satisfied with the services provided by the physical therapy aide.	<input type="checkbox"/>				
My privacy was respected during my physical therapy care.	<input type="checkbox"/>				
Parking was available for me.	<input type="checkbox"/>				
My physical therapist was knowledgeable with my problem or condition.	<input type="checkbox"/>				
My physical therapist helped me better understand my condition.	<input type="checkbox"/>				
Home exercise program was effective in helping me to attain my goals.	<input type="checkbox"/>				
I would recommend this facility to family and friends.	<input type="checkbox"/>				
I would return to this facility if I required future physical therapy care.	<input type="checkbox"/>				
The benefits attained were worth the cost of the physical therapy treatments.	<input type="checkbox"/>				
Overall, I was satisfied with my experience at Made to Move PT.	<input type="checkbox"/>				

Comments:
