



In an effort to improve our services, we would like to ask you a few questions about your experience here at Vermont Sports Medicine Center. Any feedback and suggestions you have would be greatly appreciated.

Name: _____ Date: _____

Treating Therapist: _____

1. Who referred you to VSMC

<input type="checkbox"/> Physician's Office	<input type="checkbox"/> Self/Family Member	<input type="checkbox"/> Work
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2. Why did you choose VSMC for your physical therapy?

3. Did you find appropriate support from the front office with your insurance?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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4. Before your visit, were you: (Please circle one)

a) Called to remind you of your first appointment	Yes	No	N/A
b) Reminded you to bring your referral	Yes	No	N/A
c) Reminded to bring shorts and a T-shirt?	Yes	No	N/A
d) Given directions to the facility?	Yes	No	N/A

5. During check in on your first visit, were:

a) Insurance billing and payment plans discussed?	Yes	No	N/A
b) VISA/Mastercard options explained to you?	Yes	No	N/A
c) Your questions answered?	Yes	No	N/A
d) You treated courteously?	Yes	No	N/A

6. During your first visit, did:

a) You get introduced to the Physical Therapist?	Yes	No	N/A
b) Your therapist explain what to expect during the first visit?	Yes	No	N/A

7. Was seeing the therapist helpful?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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 Please comment:

8. Do you feel that your therapist spent enough time with you?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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 Please comment:

9. Were you comfortable asking questions and were you satisfied with the answers?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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 Please comment:

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10. Was your home exercise program fully and clearly explained to you? Yes No

Please comment:

11. Was the VSMC staff helpful, pleasant, courteous and understanding during your recovery? Yes No

Please comment:

12. Were you satisfied with the scheduling options and timeliness? Yes No

13. Were you offered an appointment within two days? Yes No

14. Did you have to wait beyond your scheduled appointment time? Yes No

15. Are you satisfied with your outcome? Yes No

16. Would you recommend our service to a friend? Yes No

17. How did you hear about us?

- Radio Newspaper MD
 Safe Sports Program Other: _____

18. How were you injured:

- Sports? Work? Other: _____

19. How would you rate your experience here at Choice?

- Excellent Very Good Good Poor

How can we make your experience with us better?
