

McLaren Print System Order

Order No: 48470 Reprint Previous Order No: 48345
Order Date: 2019-09-05
User: Kristin Masters
Phone: 5179753520

Ship Location: McLaren Rehab Services- Jolly Road
3394 East Jolly Road Suite B
Lansing, MI 48910

Forms

Quantity: 100
Paragon Dept No: 37210
Dept Name: McLaren Rehab Jolly Road
Company Number: 160

Order Total Price: 6.78

Item Number: MGL-021
Item Description: Rehab Outpatient Survey
Revision Date: 8/2019
Print: 2 sided black and white
Paper: 65# White Cover
Size: 8.5 x 11
Fold: None
Finish:
Drill:
Misc Info: ds; black; 65# cover; trifold or scored

McLaren Outpatient Physical and Occupational Therapy Survey

We are pleased you chose our facility for your physical and occupational therapy treatment. It is important for us to know how you feel about our clinic and services so we may continue to improve our services for you and others. We would appreciate a few minutes of your time to answer the following questions. Thank you!

1. How did you hear about McLaren Jolly Road Rehabilitation services?

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

3. Was this your first experience with McLaren Jolly Road Rehab? Yes No

4. How did you learn of our clinic?
 MGL Website Facebook Physician Friend/Family Other _____

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

5. The courtesy of our front office staff:
 Very Satisfied Satisfied Dissatisfied Very Dissatisfied

6. Time to schedule your first appointment:
 Very Satisfied Satisfied Dissatisfied Very Dissatisfied

7. The amount of time your therapist spent with you:
 Very Satisfied Satisfied Dissatisfied Very Dissatisfied

8. Respect for your privacy during therapy care:
 Very Satisfied Satisfied Dissatisfied Very Dissatisfied

9. The courtesy of your therapist:
 Very Satisfied Satisfied Dissatisfied Very Dissatisfied

10. The ability to schedule subsequent appointments:
 Very Satisfied Satisfied Dissatisfied Very Dissatisfied

11. Your therapists' understanding of your problem/condition:
 Very Satisfied Satisfied Dissatisfied Very Dissatisfied

12. The explanation of your therapy treatment program:
 Very Satisfied Satisfied Dissatisfied Very Dissatisfied

Were you satisfied with the outcome of your treatment? Yes No

Who was your therapist? OT PT Name: _____

How likely is it that you would recommend McLaren Jolly Road Rehab to a friend or colleague?
 Not at all likely Neutral Extremely Likely

Name (Optional): _____
Details for the above ratings or any other comments are welcome.

If you would like to be contacted, please be sure to provide your name and phone number.
www.mclaren.com

