

**McLaren Print System Order**

**Order No: 49272 Reprint Previous Order No: 48345**  
**Order Date: 2019-10-07**  
**User: Kristin Masters**  
**Phone: 5179753520**

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

**Forms**

**Quantity: 500**  
**Paragon Dept No: 37210**  
**Dept Name: McLaren Rehab Jolly Road**  
**Company Number: 160**

**Order Total Price: 33.90**

**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

