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!

How did you hear about McLaren Rehabilitation services?	
2. Was this your first experience with physical or occupation	onal therapy? O Yes O No
3. Was this your first experience with McLaren Rehab?	◯ Yes ◯ No
4. How did you learn of our clinic? MGL Website Facebook Physician	Of 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	O Very Dissatisfied
8. Respect for your privacy during therapy care: Very Satisfied Satisfied Dissatisfied	Very Dissatisfied
9. The courtesy of your therapist: Output Very Satisfied Satisfied Dissatisfied	O Very Dissatisfied
10. The ability to schedule subsequent appointments: Very Satisfied Satisfied Dissatisfied	Very Dissatisfied
11. Your therapists' understanding of your problem/condit O Very Satisfied O Satisfied Dissatisfied	ion: Very Dissatisfied
12. The explanation of your therapy treatment program: O Very Satisfied O Satisfied Dissatisfied	O Very Dissatisfied
Were you satisfied with the outcome of your treatment?	O Yes O No
Who was your therapist? OT OPT Name:	
How likely is it that you would recommend McLaren 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.





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