

McLAREN GREATER LANSING REHABILITATION SERVICES

Patient Satisfaction Survey

Thank you for choosing our facility for your outpatient physical and occupational therapy treatment. We value your feedback and the opportunity to improve our clinic and services. Please rate your degree of satisfaction with each of the following questions:

1. Was the staff courteous and helpful?
5 (exceeds expectations) 4 (good) 3 (meets my expectation) 2 (needs improvement) 1 (poor)
2. Did you feel the registration process was simple?
5 (exceeds expectations) 4 (good) 3 (meets my expectation) 2 (needs improvement) 1 (poor)
3. Was it easy to find the outpatient rehabilitation clinic?
5 (exceeds expectations) 4 (good) 3 (meets my expectation) 2 (needs improvement) 1 (poor)
4. Was the facility clean and equipment in good condition?
5 (exceeds expectations) 4 (good) 3 (meets my expectation) 2 (needs improvement) 1 (poor)
5. Did the staff explain what they were doing and why?
5 (exceeds expectations) 4 (good) 3 (meets my expectation) 2 (needs improvement) 1 (poor)
6. Was the therapy staff knowledgeable about your condition?
5 (exceeds expectations) 4 (good) 3 (meets my expectation) 2 (needs improvement) 1 (poor)
7. Did the team demonstrate professionalism during your treatment program?
5 (exceeds expectations) 4 (good) 3 (meets my expectation) 2 (needs improvement) 1 (poor)
8. How likely is it that you would recommend McLaren Rehabilitation Services to a friend or colleague?
5 (extremely likely) 4 (very likely) 3 (moderately likely) 2 (slightly likely) 1 (not likely)
9. Is there anyone you would like to recognize who has gone above and beyond for you?
10. Do you have any suggestions for improvement?

Therapist's Name: _____

Your Name (optional): _____

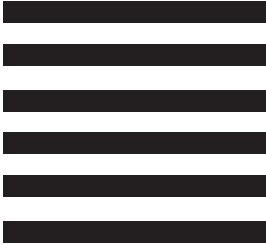
Thank you for taking the time to complete this survey. We are committed to making your experience with us positive and productive.





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REHABILITATION SERVICES - HEALTH & WELLNESS
MCLAREN GREATER LANSING
2900 COLLINS ROAD
LANSING MI 48910-9934

