

McLaren Print System Order

Order No: 81801
Order Date: 2023-12-20
User: Kristin Masters
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Ship Location: McLaren Rehab Services- H&W Pavilion East
3101 Discovery Drive Suite 700
Lansing, MI 48910

Forms

Quantity: 500
Paragon Dept No: 269002875
Dept Name: McLaren Rehab H&W Pavilion
Company Number: 160

Order Total Price: 36.90

Item Number: REHAB-008
Item Description: Rehab Outpatient Survey - Health and Wellness
Revision Date: 12/2023
Print: 2 sided black and white
Paper: 65# White Cover
Size: 8.5 x 11
Fold: None
Finish: None
Drill: None
Poster:
Misc Info: 8.5 x 11, DS, B&W, 65# White Cover, 1/2 score

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 sites 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 expectations) 2 (needs improvement) 1 (poor)
- 2. Did you feel the registration process was simple?
5 (exceeds expectations) 4 (good) 3 (meets my expectations) 2 (needs improvement) 1 (poor)
- 3. Was it easy to find the outpatient rehabilitation clinic?
5 (exceeds expectations) 4 (good) 3 (meets my expectations) 2 (needs improvement) 1 (poor)
- 4. Was the facility clean and equipment in good condition?
5 (exceeds expectations) 4 (good) 3 (meets my expectations) 2 (needs improvement) 1 (poor)
- 5. Did the staff explain what they were doing and why?
5 (exceeds expectations) 4 (good) 3 (meets my expectations) 2 (needs improvement) 1 (poor)
- 6. Was the therapy staff knowledgeable about your condition?
5 (exceeds expectations) 4 (good) 3 (meets my expectations) 2 (needs improvement) 1 (poor)
- 7. Did the team demonstrate professionalism during your treatment program?
5 (exceeds expectations) 4 (good) 3 (meets my expectations) 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?

Spec Info:

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.