



PHYSICAL THERAPY PROFESSIONALS, P.C.

LAKEVILLE
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CALEDONIA/NEW YORK FITNESS
3163 State St. (Rt. 5), Caledonia, NY 14423
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MT. MORRIS/PAT'S CLUB
66 Stanley St., Mt. Morris, NY 14510
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PT SURVEY

Listed below is a series of statements about your Physical Therapist. Please indicate how strongly you agree or disagree with each statement by circling the appropriate number.

1. Please rate your level of pain and/or discomfort before starting physical therapy.

None Requires
Emergency Care
0 1 2 3 4 5 6 7 8 9 10

2. Please rate your level of pain and/or discomfort after completing physical therapy.

None Requires
Emergency Care
0 1 2 3 4 5 6 7 8 9 10

3. Did physical therapy help you with your problem?

Not at all Completely
0 1 2 3 4 5 6 7 8 9 10

4. Please rate your level of satisfaction for your physical therapy experience with us.

Not Satisfied Completely
Satisfied
0 1 2 3 4 5 6 7 8 9 10

5. Did we earn your recommendation?

Yes _____ No _____

6. Comments and/or suggestions for improvement:

Name (optional) _____