



LINCOLN PHYSICAL THERAPY AND SPORTS REHAB, LLC

We appreciate that you have selected our facility for your physical therapy or rehabilitation needs. We want to know how you feel about the services we have provided. Your responses will be kept confidential and will be utilized to evaluate and improve our services. Thank you for your time.

How did you hear about our office? Knew Owners / Dr. Referral

Did you find the front desk people friendly and helpful? Yes No

Was your waiting time 15 minutes or less from your scheduled time? Yes No

Primary PT / PTA: Jill Korta

For your most recent rehabilitation treatment, how satisfied were you with:

For your most recent rehabilitation treatment, how satisfied were you with:	Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied
1. The information your therapist gave you about your condition?	✓				
2. The therapists inclusion of your input in setting treatment goals?	✓				
3. The availability of convenient appointments?	✓				
4. Access to this facility location?	✓				
5. The level of courtesy and respect shown to you by the staff at this facility?	✓				
6. The therapy treatments for your condition?	✓				
7. Overall results of your therapy treatment?	✓				
8. Based on your experience at this facility, you would say to a friend, "I was..."	✓				

Additional Comments: "LOVE" Jill K. She is a fantastic therapist in every way. Staff is exceptional!

Name (optional): Jessie Schomm Date: 1/19/17

May we use your survey results for marketing purposes? Yes X No