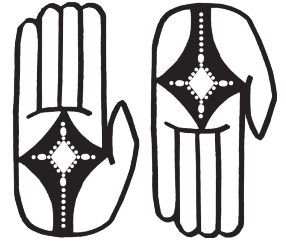


# HANDS-ON Physical Therapy Discharge Survey



1. Did you enjoy your visits?
2. Do you feel you were treated respectfully?
3. Were your concerns addressed appropriately?
4. Did you accomplish your goals for therapy?
5. Do you feel confident with the home exercises you have been given?
6. Would you return if you needed therapy again? Would you refer a friend?
7. How was your experience with scheduling appointments?
8. How was your experience with your insurance billing?
9. Did you feel all your therapists were knowledgeable and professional?
10. What could have made this a better experience for you?
11. What did you like most about this experience?
12. We would love testimonials for our website. If you feel inclined, please do so in the space below. Please specify if you would like your name or initials attached to the comment.

It has been our pleasure. Thanks for choosing HANDS-ON Physical Therapy.