



## Advanced Physical Therapy & Ergonomics, Inc.

4133 Mohr Ave Suite H \* Pleasanton, CA 94566

Ph: (925) 222-3195 \* Web: [www.aptergo.com](http://www.aptergo.com)

### Patient Satisfaction Survey

Thank you for choosing Advanced Physical Therapy & Ergonomics, Inc. as your therapy provider. We truly value you as a patient and would like to continue providing excellent service to you at every visit. Please help us exceed your expectations by filling out this brief survey. Thank you for your time!

Name (Optional): \_\_\_\_\_ Date: \_\_\_\_\_

**Appointments were scheduled to my convenience**

Very Satisfied    Satisfied    Neutral    Unsatisfied    Very Unsatisfied

**Receptionists were pleasant and helpful**

Very Satisfied    Satisfied    Neutral    Unsatisfied    Very Unsatisfied

**When I arrived for my appointments service began promptly**

Very Satisfied    Satisfied    Neutral    Unsatisfied    Very Unsatisfied

**My therapist was professional, thorough, and paid attention to my needs**

Very Satisfied    Satisfied    Neutral    Unsatisfied    Very Unsatisfied

**The evaluation and treatment I received was explained in a clear and helpful manner**

Very Satisfied    Satisfied    Neutral    Unsatisfied    Very Unsatisfied

**The goals of my therapy program were shared with me and I had input**

Very Satisfied    Satisfied    Neutral    Unsatisfied    Very Unsatisfied

**The aides were helpful and courteous in all aspects of my care**

Very Satisfied    Satisfied    Neutral    Unsatisfied    Very Unsatisfied

**Please rate the improvement in your condition due to physical therapy**

Very Satisfied    Satisfied    Neutral    Unsatisfied    Very Unsatisfied

**My home exercise program was clear and easy to follow**

Very Satisfied    Satisfied    Neutral    Unsatisfied    Very Unsatisfied

The clinic was clean and orderly

- Very Satisfied    Satisfied    Neutral    Unsatisfied    Very Unsatisfied

What was your overall impression of Advanced Physical Therapy & Ergonomics, Inc.

- Very Satisfied    Satisfied    Neutral    Unsatisfied    Very Unsatisfied

Would you return to Advanced PT & Ergonomics, Inc. for therapy in the future?

- Yes    No

Would you refer someone to Advanced PT & Ergonomics, Inc.?

- Yes    No

Please tell us about any positive experiences you encountered during your treatment:

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Please tell us about any negative experiences you encountered during your treatment:

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Other Comments: \_\_\_\_\_

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Thank you for taking the time to complete this survey. If you wish to be contacted regarding your comments or have any other questions please email the clinic manager at [aptergobilling@gmail.com](mailto:aptergobilling@gmail.com) so that we may expedite addressing your concerns.