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Patient Satisfaction Survey

Thank you for visiting In Motion Physical Therapy. We value your feedback on your experience so we can provide you with the best quality care and service. Please take a moment to answer the following questions.

1) How did you hear about In Motion Physical Therapy?
☐ Physician
☐ Family/Friend
☐ Insurance
□ Advertisement
□ Drive-by
☐ Other
2) What was the purpose of your visit (check all that apply)?
☐ Head/Neck
☐ Mid/Lower Back
□ Shoulder
☐ Hand/Wrist/Elbow
☐ Hip/Knee
□ Foot/Ankle
☐ Gait/Balance
□ Posture/Flexibility
□ Other
3) Cleanliness and general appearance of facility.
☐ Very clean and welcoming
☐ Somewhat clean and welcoming
□ Not so clean nor welcoming
4) How did you schedule your first appointment?
□ Phone
☐ In person ☐ Doctor
☐ Insurance
☐ Other
5) Who was your therapist?
☐ Joanna Frantz, PT, MSPT, DPT
☐ Luize Rossanez, PT, DPT

For each of the following questions, select the answer that best describes your experience.

1 = Very Satisfied. 2 = Satisfied. 3 = Neutral. 4 = Unsatisfied. 5 = Very Unsatisfied.

	1	2	3	4	
1) How easy was it to make your first appointment?					l
2) How easy was it to make subsequent visits?					l
3) Front office staff was professional, courteous, and friendly.					l
4) The helpfulness of the staff that assisted you with billing or insurance.					l
5) The Physical Therapist was courteous and friendly.					l
6) During the evaluation the Physical Therapist explained my treatment plan and/or gave me future goals.					1
7) The Physical Therapist gave me home exercises and proper instructions at the initial evaluation.					Ī
8) The Physical Therapist was able to answer my questions about my condition.					Ī
9) The Physical Therapist explained things in a way I could understand.					Ì
10) How would you rate your overall experience at In Motion Physical Therapy?					ł
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Thank you from all of us at FYZICAL Therapy & Balance Centers of Jacksonville! We appreciate you taking the time to provide us with your valuable feedback.