

Active Physical Therapy & Associates
1423 N. Tracy Blvd.
Tracy, CA 95376
Tel (209) 830-8855; Fax (209) 830-8837

CLIENT EXPERIENCE QUESTIONNAIRE

Our mission at APTA is to maintain a dedicated, caring and knowledgeable team committed to providing exceptional client services including Physical Therapy and Chiropractic care. We strive toward this excellence through continuing education, technical advances and compassionate care for all of our patients.

You can help us reach and maintain this level of service by sharing your Physical Therapy and Chiropractic needs and expectations. By completing this client survey, you will be a part of our team meetings and be assured that your comments will be discussed and acted upon. Thank you for your time and effort.

(Please Note: Your privacy is 100% assured)

How did you choose our practice? YES NO

A friend or relative recommended the practice

I was referred by my Medical Doctor

I drove by and saw your sign

I saw the practice in the yellow pages

Found you through an internet search engine

Other:

You're Telephone Experience: YES NO

My call was answered promptly

It was easy to make an appointment

I was referred to the website to get necessary forms ahead of time

I was placed on hold too long

I was offered to be called back if needed

I did not phone

You're impression of our receptionist: YES NO

Aware of purpose of visit

Seemed warm and cheerful

Gave me undivided attention

Seemed hospitable

Answered all my questions

Your impression of our parking lot / grounds: YES NO

Clean

I found a parking spot with ease

Handicap parking was available

Your impression of our website YES NO
I visited the website
I found the website to be helpful & resourceful
I printed out any necessary forms ahead of time
Other:

Your impression of our Doctor YES NO
Introduced himself / herself

Listened to what I said

Gave clear advice

Answered all my questions

Made me feel valued

Seemed proficient and knowledgeable

Gave me the information I needed

Other:

Your impression of our Physical Therapist YES NO
Introduced himself / herself

Listened to what I said

Gave clear advice

Answered all my questions

Made me feel valued

Seemed proficient and knowledgeable

Gave me the information I needed

Other

Will you recommend us to others? YES NO
Why or why not?

What suggestions do you have for improving the office, staff or procedures?

Do you have a testimonial for us to post on our website? Anonymous YES NO

If you would like us to contact you, please fill out the necessary information.

Name: _____ **Phone:** _____ **Email:** _____