



FIRST IMPRESSIONS SURVEY

Thank you for choosing us for your future care and treatment. To help us improve the way we schedule, greet and provide care for our new patients please take a moment and answer the following questions.

| ACCESS TO CARE | | poor 1 | fair 2 | good 3 | very good 4 | excellent 5 |
|----------------|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. | How quickly we scheduled your first visit..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. | Friendliness of the staff who greeted you and took care of you at your visit | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. | How well your physical therapist, clearly, explained your condition and future treatment plan..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. | How well your insurance questions were answered | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. | How well you physical therapist explained your home exercise program | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

What was your first impression of NY Physical Therapy & Wellness?

Additional Comments

Today's Date: _____

Your Name (Optional): _____

Physical Therapist who provided you with care at your first visit: _____