



Universal Physical Therapy, P.C.

2565 S. Rochester Rd., Suite 108, Rochester Hills, MI 48307

Tel: 248-844-2644

Fax: 248-844-2645

Directions: Please place an "X" in the appropriate box to indicate your rating or answer. Any additional comments you wish to make are welcome; write in the "Comments" section at the end of the satisfaction questionnaire.

Was this your first experience with physical therapy? Yes ____ No ____

Are you satisfied with UPT's hours of operation? Yes ____ No ____

Please check the location of the problem for which you received physical therapy?

Neck ____ Shoulder ____ Elbow ____ Wrist ____ Hand ____
Low Back ____ Hip ____ Knee ____ Ankle ____ Other ____

How would you rate the outcome of your physical therapy at UPT (on a scale of 1-10) ? _____

Directions: On a scale of 1-5, with 5 being strongly agree and 1 being strongly disagree, please rate your degree of satisfaction with each of the following statements.

1. I was satisfied with the pre-registration process (initial contact). _____
2. The UPT location was convenient. _____
3. I was satisfied with the appearance/cleanliness of UPT. _____
4. I was satisfied with appointment scheduling. _____
5. The staff was courteous, professional and caring. _____
6. My privacy was respected during my physical therapy care. _____
7. I had confidence in my therapist's ability to handle my case. _____
8. The clinical staff was always accessible and spent adequate one on one time with me. _____
9. I felt I was discharged at the appropriate time. _____
10. I was adequately prepared to continue with proper self management at home. _____
11. If I had to, I would pay for these physical therapy services myself. _____
12. Overall, I was satisfied with my experience with UPT. _____
13. I would recommend UPT to family members or friends. _____
14. If I need physical therapy in the future, I will return to UPT. _____

Additional Comments
