



Orthopedics ~ Sports Rehab ~ Balance Therapy ~ Massage Therapy

“Quality Care for Your Faster Recovery”

Patient Satisfaction Survey

Briefly describe the problems you were experiencing that caused you to need therapy:

What improvements did you make in therapy?

How was your overall experience at MedCare Therapy Center?

If you needed Physical Therapy in the future, would you like to return to MedCare Therapy Center?

Signature (optional): _____

Date: _____

Physical Therapy ~ Balance Therapy ~ Massage Therapy

314 Goff Mountain Road, Suite 13 • Cross Lanes, WV 25313 • Phone: 304.776.5031 • Fax: 304.204.6332

A = Excellent
B = Good

C = Satisfactory
D = Unsatisfactory

E = Don't Know

Questions: How would you rate?

	A	B	C	D	E
Length of wait time for your appointment					
The cleanliness of the facility					
The attitude of the staff in areas of kindness,courtesy, and warmth					
Physical therapy treatments					
Scheduling of your appointment/s					
Discharge instructions					

Additional Comments :

Signature (optional)

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