

HIGH POINTE REHAB

Physical & Hand Therapy

Tell Us About Your Experience...

- 5 = Strongly agree
- 4 = Agree
- 3 = No opinion
- 2 = Disagree
- 1 = Strongly disagree

My therapist _____:

Effectively communicated with me in terms I could understand.	5	4	3	2	1
Considered the goals I wanted to accomplish in planning treatment.	5	4	3	2	1
Spent quality one-on-one time with me at every visit.	5	4	3	2	1
Was consistent – I saw the same therapist for every visit.	5	4	3	2	1
Was knowledgeable of my problem and educated me regarding my problem.	5	4	3	2	1
Listened to me regarding my progress, questions, concerns, etc.	5	4	3	2	1

The High Pointe team:

Greeted me warmly and professionally at every visit.	5	4	3	2	1
Answered all of my questions satisfactorily regarding insurance and billing.	5	4	3	2	1
Kept my treatment confidential.	5	4	3	2	1
Considered my schedule when setting appointments.	5	4	3	2	1

The High Pointe environment:

Was clean, tidy, and welcoming.	5	4	3	2	1
Was adequately equipped to accommodate my needs.	5	4	3	2	1

My name (optional): _____

I would recommend High Pointe to a friend or loved one needing physical therapy services: Y N

WE WELCOME COMMENTS: _____

Thank you for your participation – your feedback helps us improve!