



REHAB AT WORK - Corporate
It's Our REHAB That WORKS
 51 Monroe Street, Suite 1207
 Rockville, Maryland 20850
 Phone: 301-838-2040 Fax: 301-838-2041

CLIENT SATISFACTION SURVEY

Dear REHAB AT WORK Client:

We want you to know that *"It's Your RESULTS That MATTER"* and our mission is "To keep the care in healthcare by always putting people first". In order to follow through with our mission, we are asking you to take a few moments to fill out this confidential questionnaire. Please feel free to place it in the suggestion box in the waiting room or mail it directly to our corporate office:

REHAB AT WORK - Corporate
 Attn: Linda Le Baron
 51 Monroe Street, Suite 1207
 Rockville, Maryland 20850

For your convenience, you could also email this form to rawcorp@rehabatwork.com or simply take the survey on our website at www.rehabatwork.com. Your feedback will help us to make sure that *"It's Our REHAB That WORKS"*.

We would like to know how the treatment you received from us has improved your lifestyle and what you can do now that you had not been able to do prior to treatment?

Please circle the clinic you attended:

Alexandria Annapolis Baltimore Frederick Lanham Manassas Pikesville Rockville Waldorf

Please rate your degree of satisfaction to the following questions using the scale below:

5 = Strongly Agree 4 = Agree 3 = Indifferent 2 = Disagree 1 = Strongly Disagree

Clinical Care

- 1. I feel that my privacy was always respected during my care. _____
- 2. I feel that throughout my care, procedures were appropriately explained to me. _____
- 3. I feel that throughout my care, my questions were answered thoroughly and promptly. _____
- 4. I would recommend my therapist to family and friends. _____
- 5. I have a lower amount of pain or pain less often than when I first came to the clinic. _____
- 6. I can function better in my daily activities i.e. job, home, leisure. _____
- 7. The overall quality of my care was excellent. _____

Staff

- 1. The front office staff was professional and courteous towards me. _____
- 2. The clinical staff was professional and courteous towards me. _____

Facility

- 1. The appearance of the clinic was clean and organized. _____
- 2. The clinic was conveniently located to my home/work. _____
- 3. Parking was readily available to me. _____
- 4. The clinic had the appropriate equipment/supplies for my needs. _____
- 5. I was able to schedule appointments at convenient times. _____
- 6. I would recommend this facility to family and friends. _____

Additional Comments:

 Your Therapist's Name (Required)

 Your Name (Optional) Date

Would you like Management to contact you? Yes No