



Ability Rehabilitation

Leave us a Google
Review 😊



Patient Name (optional): _____ Date: _____

Clinic Location: _____ Physician (who referred you): _____

Thank you for volunteering to complete this survey. We appreciate and value your honest feedback. The information that you provide us with will be kept confidential and will be used to gain a better understanding of your experience in therapy. Through this process, we hope to identify our strengths and weaknesses, and make the necessary improvements to enhance the overall patient experience at Ability Rehabilitation Centers. Please circle the number that best describes your Rate.

Please rate the criteria below, based on the following scale:

Very Poor Poor Average Good Excellent

Overall

Overall level of satisfaction	1	2	3	4	5
I would recommend Ability Rehabilitation to a friend	1	2	3	4	5

Clinical Care

Professionalism of your therapist(s)	1	2	3	4	5
Quality of treatment received	1	2	3	4	5
Effectiveness/results of the treatment	1	2	3	4	5
Confidence in your therapists' skills/knowledge	1	2	3	4	5
Level of one-on-one attention received	1	2	3	4	5
Appointments starting on time	1	2	3	4	5

Reception

Professionalism of the front office personnel	1	2	3	4	5
Phone etiquette of personnel	1	2	3	4	5
Timeliness of scheduling the first appointment	1	2	3	4	5
Meet your scheduling needs with follow-up appointments	1	2	3	4	5
Explanation of insurance benefits	1	2	3	4	5

Facility

Appearance of the facility	1	2	3	4	5
Condition of the equipment	1	2	3	4	5

Describe the factors that had a positive impact on your experience:

Please suggest one area of improvement that would have made a significant difference in your overall experience:
