



Client Satisfaction Survey

Treating Therapist: _____

Ensuring that our clients receive the best care possible is of the utmost importance to all of us at Active Motion. As such, we would appreciate it if you took a moment to tell us about your recent clinic experience by filling out this Client Satisfaction Survey. Any additional comments beyond these questions are encouraged and appreciated. Your responses will remain anonymous, unless you wish to sign your survey. Thank you for your time, we appreciate your feedback.

Initial Impressions

1. How did you get to know about our clinic?
Doctor Relative Friend Advertisement Other: _____
2. Did you make your appointment: in person by phone
3. Did you experience any difficulty booking your appointment? Yes No
4. Was the clinic easy to find? Yes No

Clinic Presentation

5. Was the clinic clean and orderly? Yes No

Treatment

6. Was your physiotherapist:
Friendly? Yes No Knowledgeable? Yes No Efficient? Yes No
7. Was the receptionist:
Friendly? Yes No Knowledgeable? Yes No Efficient? Yes No
8. Was your injury and treatment plan explained thoroughly? Yes No
9. Do you feel that physiotherapy treatment has improved your injury/condition? Yes No

Billing Procedures

10. Were you explained our billing options by the front desk? Yes No
11. Do you feel the billing is appropriate for the service you received? Yes No

Summary

12. Would you refer our services to your friends and family? Yes No
13. What did you like best about your experience at our clinic? _____

14. What would you tell your friends and family about our clinic? _____

15. Any other comments (please feel free to use other side of sheet if necessary):

Attention you deserve...results you desire.