

Oregon Spine & PT - Eugene

Our clinic continually strives to maintain and deliver the highest quality of care to our patients. We also want to improve whenever possible. One of the most helpful tools we use is honest feedback from our patients. Please take a few moments to complete this questionnaire (10 questions) regarding your experience in our clinic.

Please note that answers will be kept completely confidential

Please rate our clinic and staff by completely filling in the circle next to the appropriate response:

	Excellent	Very Good	Fair	Poor	Very Poor	N/A
1. Overall impression of our facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Communication with our staff, both on the telephone and in person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Waiting times for scheduling appointments and for being seen at the time of your appointment in clinic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Explanation of clinic paperwork and your financial obligations for therapy services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Clinical staff's courteousness, professionalism, and respect for your privacy/confidentiality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Therapist's willingness and ability to clearly answer your questions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Therapist's understanding of your condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Your confidence in the therapist's ability to perform a thorough examination, accurately evaluate your condition, and provide appropriate treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Therapist's explanation of home exercise program and what you should expect after discharge from therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Please rate your willingness to recommend this clinic to your family and friends if they need physical therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments or suggestions

Please send response to: CareConnections
11481 SW Hall Blvd #201
Portland, OR 97223

This clinic subscribes to CareConnections, an independent quality monitoring and management service. If you would like more information, please visit www.careconnections.com

OFFICE USE ONLY

Reviewer's Initials _____