## Rocky Mountain Physical Therapy 1441 Parkway Dr. Blackfoot, ID 83221

Phone: (208) 785-3446



## Thank You!!

We appreciate you letting us help with your physical therapy treatment. Please take a moment to let us know how we have done.

For the following statements, circle 5 if you strongly agree, 4 if you agree, 3 if you are impartial, 2 if you disagree, and 1 if you strongly disagree.

	igree, and i	J	0 3	J				
	The staff too	ok time	to get t	o know	me and	I my concerns.		
	1	2	3	4	5			
	My therapis	t answe	red my	questio	ns and	treated me in a pleasing manner.		
	1	2	3	4	5			
	My therapis	t was k	nowledg	geable a	nd pres	scribed appropriate exercises and treatment.		
	1	2	3	4	5			
,	The facilities were well kept.							
	1	2	3	4	5			
,	The equipment used in my treatment was in good repair and clean.							
	1	2	3	4	5			
,	The overall	atmosp	here of	the clin	ic felt c	comfortable.		
	1	2	3	4	5			
	My physical	l therap	y treatn	nent was	s succe	ssful.		
	1	2	3	4	5			
	I would reco	ommen	d your s	ervices	to a fai	nily member or friend.		
	1	2	3	4	5			

See the reverse side to give us additional comments.

ther Comments	Is there anything that you would like to bring to our attention concerning the staff, facilities, or service rendered?					
ther Comments						
	Other Comments					
ould you be willing to let us share your comments with others? Yes No	Would you be willin	g to let us share your comments with others? Vos No				