

# Ennis Physiotherapy Clinic

## Feedback Form

Please provide us with some feedback about your experience at the Clinic

This helps us to maintain the highest possible standard of care

**Rating Scale:** 1 = Strongly Agree    3 = Cannot Decide    5 = Strongly Disagree

	(1)	(2)	(3)	(4)	(5)
<b>The Facility + Environment</b>					
There was adequate street parking	1	2	3	4	5
There was sufficient privacy during my visit	1	2	3	4	5
The clinic was clean and tidy	1	2	3	4	5
<b>The Physiotherapist....</b>					
Behaved Professionally at all times	1	2	3	4	5
Explained tests + treatments used	1	2	3	4	5
Listened to what I had to say	1	2	3	4	5
<b>The Physiotherapy Session....</b>					
Was easy to book my appointment	1	2	3	4	5
Was provided on time	1	2	3	4	5
Was dignified and respectful	1	2	3	4	5
<b>Rate Your Physiotherapy Overall</b>					
I was improved overall	1	2	3	4	5
My expectations were met	1	2	3	4	5
My needs were addressed	1	2	3	4	5
<b>Satisfaction with Service Overall</b>					
I would recommend this practice to others	1	2	3	4	5

What did you like about your experience at Ennis Physiotherapy Clinic?

What did you dislike about your experience at Ennis Physiotherapy Clinic?

Please suggest how our Clinic + its services might be improved

Optional:

Your Name:	
------------	--

May we contact you again if necessary	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
---------------------------------------	-----	--------------------------	----	--------------------------

**How did you find this practice?**

Cons / GP Ref	<input type="checkbox"/>	Word of mouth	<input type="checkbox"/>	Returning Patient	<input type="checkbox"/>	Google (Maps)	<input type="checkbox"/>
Website	<input type="checkbox"/>	Facebook	<input type="checkbox"/>	Another Physio Ref	<input type="checkbox"/>	Other	<input type="checkbox"/>

# Ennis Physiotherapy Clinic

## Feedback Form

Please provide us with some feedback about your experience at the Clinic

This helps us to maintain the highest possible standard of care

**Rating Scale:** 1 = Strongly Agree    3 = Cannot Decide    5 = Strongly Disagree

	(1)	(2)	(3)	(4)	(5)
<b>The Facility + Environment</b>					
There was adequate street parking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There was sufficient privacy during my visit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The clinic was clean and tidy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>The Physiotherapist....</b>					
Behaved Professionally at all times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explained tests + treatments used	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Listened to what I had to say	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>The Physiotherapy Session....</b>					
Was easy to book my appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was provided on time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was dignified and respectful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Rate Your Physiotherapy Overall</b>					
I was improved overall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My expectations were met	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My needs were addressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Satisfaction with Service Overall</b>					
I would recommend this practice to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What did you like about your experience at Ennis Physiotherapy Clinic?

What did you dislike about your experience at Ennis Physiotherapy Clinic?

Please suggest how our Clinic + its services might be improved

Optional:

Your Name:	
------------	--

May we contact you again if necessary	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
---------------------------------------	-----	--------------------------	----	--------------------------

**How did you find this practice?**

Cons / GP Ref	<input type="radio"/>	Word of mouth	<input type="radio"/>	Returning Patient	<input type="radio"/>	Google (Maps)	<input type="radio"/>
Website	<input type="radio"/>	Facebook	<input type="radio"/>	Another Physio Ref	<input type="radio"/>	Other	<input type="radio"/>