

Personalized Therapy, LLC

Discharge Survey

1. Why were you referred by your physician to therapy (chief complaint or diagnosis)?
2. How long did you have to wait to be scheduled for your first appointment? **1 day 2-4 days 5-7 days Greater than 1 week**
3. Once completing the appropriate forms, how long did you wait before being seen by your therapist for your first appointment? **Less than 10 minutes 10-15 minutes 15-20 minutes 20-30 minutes**
4. Were your therapy insurance benefits explained to you during your first visit?
Yes No
5. How long did you have to wait to see your therapist for subsequent appointments?
6. **Less than 10 minutes 10-15 minutes 15-20 minutes 20-30 minutes**
7. Besides your recent therapy treatment, have you even had any previous experiences with therapy? **Yes No**
If yes, how do we compare?
8. Are you completely satisfied with the overall care provided by your therapist?
Yes No
What would you like to have seen done differently?
9. Now that you are no longer receiving therapy treatments, do you feel your problem or complaint has been: **Greatly Improved Improved Somewhat Improved Not Improved Worsened**
10. Would you consider our office for any future services? **Yes No**
11. What could be better?

Name: _____ Date _____

Please E-mail your form to personalizedtherapy@md.metrocast.net or fax it to 301.862.2548.

THANK YOU!!