Alaska Hand Rehabilitation
THERAPY FOR THE SHOULDER, ARM & HAND

4015 Lake Otis Parkway, Ste. 200 www.akhandrehab.com ph: 907-563-8318
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Patient Satisfaction Survey

1.	Was this your first experience with occupational or physical therapy?	Yes	No
2.	I felt that my privacy was protected throughout my care.	Yes	No
3.	I feel that I was treated with respect, courtesy and sensitivity by:		
	a. The therapist(s)	Yes	No
	b. The office staff	Yes	No
4.	I was satisfied with the technical skills of my therapist.	Yes	No
5.	I was able to schedule appointments as needed.	Yes	No
6.	I was seen in a timely fashion.	Yes	No
7.	The overall appearance of the clinic is clean and well maintained.	Yes	No
8.	I felt that my therapist(s) understood my problem or condition.	Yes	No
9.	The instructions my therapist gave me where helpful	Yes	No
10.	I felt that my therapist listened to my concerns.	Yes	No
11.	My therapist took time to answer/explain all questions about my treatment.	Yes	No
12.	I was satisfied with the overall quality of my therapy care.	Yes	No
13.	I was satisfied with the billing department:		
	a. Explanation of financial policy	Yes	No
	b. Handling of my insurance claims	Yes	No
	c. Collection of co-pays, statements, and payment plans	Yes	No
14.	If you received a splint (orthosis/brace), was it helpful? N/A	Yes	No

15. What can be done to improve your overall experience with therapy?

16. Would you be willing to recommend our services to family and/or friends for the care of a shoulder, arm, or hand issue?

Yes No

If so, please feel free to inform them that we offer 15-minute screenings to advise those if it would be beneficial for them to see a physician; if there are options that they can do at home to improve their condition, and if therapy can offer them a solution to resolve their problem(s).

(Optional)Name:_____

May we have permission to post your comments on our website? Yes No

(We will ask your permission prior to publishing)