

Outpatient Therapy Patient Experience Survey

Today's Date: _____

The staff of **AAMC Rehab Services** is committed to providing excellent, quality, and compassionate care to our patients. To help us with continuous improvement, please take a few moments to let us know about your experience by completing this **brief eight question survey** and returning it in the envelop provided. Your comments and input will help us continue to be the community's first choice in therapy services.

Using a scale of 1 to 4, with 1 being poor and 4 being excellent, please rate the following items as they relate to your personal experience with **AAMC Rehab Services**:

	1 = Poor	2 = Fair	3 = Good	4 = Excellent
1. Courtesy and kindness of staff you encountered.				
2. Cleanliness and tidiness of the facility.				
3. Amount of time it took from your doctor's order to first evaluation visit.				
4. Therapy provider's knowledge, understanding, and communication about your injury or condition.				
5. Therapy provider's effort to include you in goal setting and scheduling of visits.				
6. Ease of scheduling and rescheduling therapy visits.				
7. Quality of information you received during and at completion of therapy, including home exercise programs.				
8. Your overall rating of your personal therapy experience with AAMC Rehab Services.				

Additional Comments/Recognition:

Your Therapy Team

Abbeville Area Medical Center
Rehabilitation and Wellness
(864)366-3330