

**PHYSICIAN/  
CASE MANAGER/  
REHAB NURSE  
SATISFACTION SURVEY**

Dear Physician/Case Manager/Rehab Nurse:

Understanding that referrals to physical therapy are frequently dictated by managed care payer benefits, and not necessarily your personal choice, Spine & Sports Rehabilitation Center (SSRC) appreciates your input as to the quality, outcomes and convenience provided to your patients and your staff. Thank you for assisting us by completing this short survey. A self-addressed stamped envelop is enclosed for your convenience in returning this valuable information to us.



1. Rate SSRC's **Front Office responsiveness** and helpfulness in scheduling and obtaining referral information:

- Excellent     Good                       Average                       Poor

2. Physical Therapist's completeness and quality of **communication**:

- Excellent     Good                       Average                       Poor

3. Do you prefer communication?     Written                       Verbal

Frequency of communication:     Each Visit                       Weekly                       Initial/Discharge Only

4. Patient **Outcomes**:

- Excellent     Good                       Average                       Poor

5. Are your **expectations** for patient care met consistently?

- Yes                       No

6. Are your patients **generally pleased** with the services of Spine & Sports Rehabilitation Center?

- Yes                       No                       Unknown

**Comments** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Patient's Name (Optional): \_\_\_\_\_

Your Name (Optional): \_\_\_\_\_ Phone: \_\_\_\_\_

Please contact Savas Koutsantonis, P.T. or Steve Levine, P.T. at 410-560-3931 if you have any questions or suggestions regarding our services. Thank you for providing us with this valuable information.