

Dear Patient!



Your satisfaction is very important to us and we take every effort to further improve our service. It is therefore important for us to know how you evaluate our institution. We consequently ask you to complete this form at the end of your therapy and, either deposit it in the mailbox (in the waiting room) or hand it to the receptionist.

1. How successful was your series of treatment? Have your problems -----

strongly improved improved barely improved unchanged deteriorated

2. How do you judge the attention towards you of our receptionists?

very attentive friendly neutral indifferent

3. a.) How do you judge the attention towards you by our doctor ?

very good good satisfactory non satisfactory no consultation

b.) How do you judge the time waiting for your doctor`s appointment ?

acceptable too long

4. a.) How do you judge the performance of our therapists (in general) ?

very good good satisfactory poor

b.) How do you judge the performance of our physiotherapists (physiotherapy)?

very good good satisfactory poor no physiotherapy

5. How do you judge the friendliness of our team (1 down to 5) ?

..... reception therapists physiotherapists doctor

6. Do you consider the organisation and punctuality in our clinic -----

commendable functioning needing improvement

7. How do you judge the atmosphere in our rooms?

agreeable/clean serves the purpose not very attractive

8. Would you have ideas for improvements ?

9. Would you come back to our clinic if necessary, or recommend us further?

yes no

In case you have not felt comfortable in our institution or have reason for a complaint, we would like to get in contact with you.

Please, don't, therefore, forget to leave us your address and phone number.

.....
Name

.....
Telephon number

.....
Date