



REHAB AT WORK - Corporate
It's Our REHAB That WORKS
51 Monroe Street, Suite 1207
Rockville, Maryland 20850
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CLIENT FEEDBACK QUESTIONNAIRE

Dear REHAB AT WORK Client:

In order to provide the most complete report possible, with the most appropriate recommendations, we ask that you contact our office the business day following your appointment, during our regular hours (8:00 - 4:00 pm), to inform us of your body response as well as to address any other questions you might have. Please follow the instructions given to you today by your therapist.

We want you to know that "*It's Your RESULTS That MATTER*" and our mission is "To keep the care in healthcare by always putting people first". In order to follow through with our mission, we are asking you to take a few moments to fill out this confidential questionnaire. Please feel free to place it in the suggestion box in the waiting room or mail it directly to our corporate office:

REHAB AT WORK - Corporate
Attn: Linda Le Baron
51 Monroe Street, Suite 1207
Rockville, Maryland 20850

What have you learned from this visit that will help you plan for return to employment/and or improving your lifestyle?

Please circle the clinic you attended:

Alexandria Annapolis Baltimore Frederick Lanham Manassas Pikesville Rockville Waldorf

Please rate your degree of satisfaction to the following questions using the scale below:

5 = Strongly Agree 4 = Agree 3 = Indifferent 2 = Disagree 1 = Strongly Disagree

Clinical Care

- 1. I feel that my privacy was always respected during my visit _____
- 2. I feel that throughout my visit, procedures were appropriately explained to me _____
- 3. I feel that throughout my visit, my questions were answered thoroughly and promptly _____
- 4. I would recommend my therapist to family and friends _____
- 5. The overall quality of my visit was excellent _____

Staff

- 1. The front office staff was professional and courteous towards me _____
- 2. The clinical staff was professional and courteous towards me _____

Facility

- 1. The appearance of the clinic was clean and organized _____
- 2. The clinic was conveniently located to my home/work _____
- 3. Parking was readily available to me _____
- 4. The clinic had the appropriate equipment/supplies for my needs _____
- 5. I would recommend this facility to family and friends _____

Additional Comments:

Your Therapist's Name

Your Name (Optional)

Date