SATISFACTION QUESTIONNAIRE

THÉRAPIE DE LA TOURELLE
PHYSIOTHÉRAPIE · OSTÉOPATHIE

What was your impression during the treatment ?

Good :

Not good :

What can we improve ?

Optional information :

Your name :

Therapist(s) name(s):

Thank you for your valuable feedback.

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HOW DID YOU HEAR ABOUT US ?

○ By your own means ○ Your doctor ○ Personal recommendation ○ Internet ○ Other

	Excellent	Very good	Good	Average	Poor	Don't know
ADMINISTRATIVE PROCEDURES (reception) :						
Staff friendly and willing to answer your questions, your expectations	○	○	○	○	○	○
Ease in the formality and time required to get your first appointment	○	○	○	○	○	○
Telephone greetings, making appointments, advice, …	○	○	○	○	○	○
YOUR TREATMENT (therapist) :						
Your therapist's ability to put you at ease and if necessary to reassure you	○	○	○	○	○	○
The explanations you were given concerning your treatment	○	○	○	○	○	○
The therapist respected your privacy	○	○	○	○	○	○
The quality of the information at the end of your treatment	○	○	○	○	○	○
Adapting your rehabilitation to the specificity of your problem	○	○	○	○	○	○
Feeling reassured every time you are taken care of	○	○	○	○	○	○
Your therapeutic goal has been achieved	○	○	○	○	○	○
PREMISES :						
Transport facilities to the practice	○	○	○	○	○	○
An easy sense of direction in and around the buildings	○	○	○	○	○	○
Waiting room layout	○	○	○	○	○	○
Comfort, cleanliness, lighting, temperature of the room you were treated in	○	○	○	○	○	○
Our "You Tube" page project to support you in your exercises	○	○	○	○	○	○
FINALLY :						
If you had to sum up your physiotherapy treatment in one word	○	○	○	○	○	○
The assiduousness in which you follow the advice and the exercices suggested to you	○	○	○	○	○	○

WOULD YOU RECOMMEND OUR PRACTICE TO A RELATIVE ?

○ Yes, without a doubt ○ Yes, probably ○ Maybe ○ No, probably not ○ No, never ○ Don't know