

Staff Feedback

I saw (write the name of the person(s) whom you worked with)

The amount of time spent with your therapist?
Excellent **Poor**
Comments: **5 4 3 2 1**

9. The way that the therapist listened to your comments, questions, concerns?
Excellent **Poor**
Comments: **5 4 3 2 1**

10. His or her explanation of procedures or therapy regimen?
Excellent **Poor**
Comments: **5 4 3 2 1**

11. His or her professionalism?
Excellent **Poor**
Comments: **5 4 3 2 1**

12. Overall, how would you rate our center?
Excellent **Poor**
Comments: **5 4 3 2 1**

Is there anything else you would like to tell us?
Your constructive comments are appreciated.

Thank you!

Therapists and staff
Balance Diagnostic
Balance and Neurological Physical Therapy