



Please return completed form to:

Body Synergy Physical Therapy
PO Box 6609
Orange, CA 92863

Patient Satisfaction Survey

At Body Synergy we love to hear feedback from our patients so we can evaluate how to better improve our services. Please take a moment to complete this survey as your input is very important to us.

Patient Name (Optional): _____

Please check the appropriate response:

1. The scheduling of your initial appointment.

Very Satisfied Moderately Satisfied Satisfied Not Satisfied

2. The explanation of your insurance benefits and completion of your paperwork.

Very Satisfied Moderately Satisfied Satisfied Not Satisfied

3. The way your were greeted at your initial appointment by our staff

Very Satisfied Moderately Satisfied Satisfied Not Satisfied

4. The interaction and communication between you and your physical therapist

Very Satisfied Moderately Satisfied Satisfied Not Satisfied

5. The interaction and communication between you and our billing service

Very Satisfied Moderately Satisfied Satisfied Not Satisfied

Please tell us what you like or dislike so that we can improve our business. All feedbacks are appreciated:
