



HOW ARE WE DOING?

Thank you for choosing Rebound Physical Therapy. We value you as a patient and would like to provide outstanding service to you as well as treat your friends and family in the future! Thank you very much for your time!!

● At which location were you treated?

- East Bend - 1303 NE Cushing Drive
- West Bend - 155 SW Century Drive
- South Bend - 61470 S. Highway 97
- Redmond - 974 Veterans Way
- Prineville - 425 N Main Street
- La Pine - 51600 Huntington Road
- Other -----

● My Physical Therapist was/is -----
(First name only is okay!)

● Ease of registration as a new patient

- | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 1 | 2 | 3 | 4 | 5 | |
| Terrible | Fair | Okay | Good | Excellent | Not Sure |

● Courtesy and attentiveness of receptionist

- | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 1 | 2 | 3 | 4 | 5 | |
| Terrible | Fair | Okay | Good | Excellent | Not Sure |

● Simplicity of scheduling and convenient appointment times available

- | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 1 | 2 | 3 | 4 | 5 | |
| Terrible | Fair | Okay | Good | Excellent | Not Sure |

● My Physical Therapist performed a comprehensive evaluation and explained my plan of care fully

- | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 1 | 2 | 3 | 4 | 5 | |
| Terrible | Fair | Okay | Good | Excellent | Not Sure |

● My Physical Therapist was able to address my concerns and answer my questions

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|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 1 | 2 | 3 | 4 | 5 | |
| Terrible | Fair | Okay | Good | Excellent | Not Sure |

● My Physical Therapist and my doctor communicated fully about my condition

- | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 1 | 2 | 3 | 4 | 5 | |
| Terrible | Fair | Okay | Good | Excellent | Not Sure |

● Courtesy, helpfulness, and knowledge of the physical therapy support staff

- | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 1 | 2 | 3 | 4 | 5 | |
| Terrible | Fair | Okay | Good | Excellent | Not Sure |

● Clear and accurate billing statement

- | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 1 | 2 | 3 | 4 | 5 | |
| Terrible | Fair | Okay | Good | Excellent | Not Sure |

● Courteous and responsive billing staff (responded within 24 hours)

- | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 1 | 2 | 3 | 4 | 5 | |
| Terrible | Fair | Okay | Good | Excellent | Not Sure |

● Comfort and enjoyment of the clinic where my physical therapy was provided

- | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 1 | 2 | 3 | 4 | 5 | |
| Terrible | Fair | Okay | Good | Excellent | Not Sure |

● Would you recommend Rebound to a friend?

- | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 1 | 2 | 3 | |
| No Way | Maybe | Absolutely | Not Sure |

● What could we have done to make your experience better?

● What are we doing well?

● May we share your comments on our website?

- | | |
|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> |
| Yes | No |

● Please share any additional comments or suggestions.

Please drop this off at any clinic or mail to:

Rebound Physical Therapy
 Customer Service
 805 SW Industrial Way, Ste. 3
 Bend, OR 97702