



Dear Patient,

We hope that you received the very best service during your time with us at Performance Therapeutics. Let us know how you feel about your visits to our facility. Please take a moment to complete this form and return it to us. You may also fax it to us at 865-588-8350 or fill it out on our website at www.ptknox.com

Thank you for allowing us to serve you.

	Poor	Fair	Good	Excellent
1. I was able to schedule an appointment easily.	1	2	3	4
2. I was greeted in a timely and courteous manner.	1	2	3	4
3. The check-in process was quick and easy.	1	2	3	4
4. My wait time to see the provider was adequate.	1	2	3	4
5. The waiting room was comfortable and neat.	1	2	3	4
6. The support staff was helpful and pleasant.	1	2	3	4
7. The exam area was neat and clean.	1	2	3	4
8. The Therapist was professional and friendly.	1	2	3	4
9. The Treatment I received was effective.	1	2	3	4
10. The check-out process was prompt and easy.	1	2	3	4
11. How was the overall visit?	1	2	3	4

Comments: How can we improve our service?

Name (optional) _____