

Patient Experience Survey

Please complete the following survey to provide us with information so that we may continue to improve our life-changing services. Thank you very much for your assistance. It has been our pleasure serving you.

Form completed by: Patient Family Other (please specify) _____

Reason for admission (diagnosis): _____ Admission Date: _____ Discharge Date: _____

Service(s) received: PT OT Wheelchair/DME SLP Therapy Case Management

Please check the box that best describes your experience.

Excellent Good Neutral Fair Poor N/A

	Excellent	Good	Neutral	Fair	Poor	N/A
1. How would you rate the services that were received?						
2. How would you rate the convenience of the location?						
3. Consideration of my needs when scheduling appointments.						
4. Staff was considerate of my culture and beliefs.						
5. Impression of the site.						

Please check the box that best describes your experience with medical rehabilitation services.

Strongly Agree Agree Neutral Disagree Strongly Disagree N/A

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
1. Admission to the Center following my referral was prompt.						
2. I was able to participate in development of my treatment plan.						
3. Appointment frequency and duration was appropriate.						
4. My goals for therapy were taken into consideration.						
5. Issues discussed with staff were addressed promptly.						
6. I was able to participate in discharge planning process.						
7. Satisfaction with the outcome of my treatment.						
8. Accuracy of program information as presented by staff, print, website.						

On a scale of 1-10, with 1 being not at all likely and 10 being extremely likely, how likely are you to recommend this agency to a friend or family member:

Not at all 1 2 3 4 5 6 7 8 9 10 Extremely likely

How did you hear about us? (Select all that apply.)

- Community Events Internet Search Recommendation from a friend/family
 Educational Sessions Mailing My Doctor, School, or Other Referral Source
 Email communication Social Media (Twitter, Facebook) Other _____

Comments and Suggestions: _____

Please return by mail to 100 Deerfield Rd, Windsor, CT 06095 or by Fax to 860-748-4432.

Electronic copies can be found at: <https://tinyurl.com/es-med-rehab-survey> or by scanning the QR code below

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