



Therapy Tree, LLC

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PATIENT SATISFACTION SURVEY

We would appreciate it if you would take a few minutes to complete this Patient Satisfaction Survey . This information will be utilized to evaluate and improve our services. Individual comments about your thoughts and concerns are greatly appreciated. Thank you for taking the time to complete this survey. You have the option of sharing the therapist's name and your name.

Questions	Circle One	Comments
1. During your telephone contacts with our office, was the staff prompt, courteous, helpful and professional?	YES, NO,NA	
2. Was your initial evaluation and subsequent treatment sessions scheduled at a time that was convenient for you?	YES, NO,NA	
3. Were the findings of your evaluation and treatment plan explained to you in a satisfactory manner?	YES, NO,NA	
4. Do you feel like you consistently had adequate individual time with your therapist?	YES, NO,NA	
5. Did you think that the treatment you received and the outcome of your treatment met or exceeded your level of expectations?	YES, NO,NA	
6. Was your therapist available to answer any questions or concerns before, during or after treatment?	YES, NO,NA	
7. Was the level of communication between our office and your case manager and/or physician adequate?	YES, NO,NA	
8. Would you consider recommending our services to others?	YES, NO,NA	
9. Was the cleanliness, professionalism and confidentiality of the office to your satisfaction?	YES, NO,NA	
10. Were all billing/insurance/reimbursement issues handled to your satisfaction?	YES, NO,NA	
11. Do you feel like your goals for participating in treatment have been met?	YES, NO,NA	
12. Overall, were you satisfied with our performance and service?	YES, NO,NA	

Please Mail to : Therapy Tree, LLC, PO Box 39, Westfield, NJ 07090 or Fax to: 908-233-3367