

Services Evaluation Form:

The purpose of this evaluation is to determine how well our services have met your expectations for your reason for visiting or contacting our facility. We are interested in your comments, both positive and negative, so that we are aware of issues you feel are important for improving our services in the future. We would greatly appreciate your comments.

1. List the three things about our services that you appreciated the most.

2. List three things about our services which could be improved the most.

3. Please evaluate how well we met your expectations in the following categories.

	1 Below Expectations		Above Expectations 5		
	1	2	3	4	5
About our facility					
Our office staff is courteous					
It was easy to book an appointment					
Our facility was a professional and clean environment					
Value for the fees paid					
About your care					
I had confidence in my physiotherapist's recommendations					
I received a detailed home exercise program that I was confident in					
I felt that the exercise sessions by the kinesiologist were valuable (at applicable sites)					
I would return to this facility for another injury					
I would recommend this facility to family and/or friends					

Other comments:

Thank you.

Please return to;

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