

Completed Patient Feedback Form - Physiotherapy

Patient Name: John Doe

Date of Treatment: 2024-05-10

Therapist Name: Sarah Mitchell, PT

1. Appointment Experience

- **Ease of Booking:** Excellent
- **Reception Staff Courtesy:** Very good
- **Waiting Time:** Less than 10 minutes

2. Therapist Professionalism

- **Knowledge and Expertise:** Excellent
- **Listening Skills:** Excellent
- **Clarity of Explanations:** Very good
- **Respect & Compassion:** Excellent

3. Treatment & Outcomes

- **Understanding of Condition:** Yes, very clear
- **Effectiveness of Treatment:** Noticeable improvement after 3 sessions
- **Personalized Exercise Plan:** Yes, provided and explained well
- **Pain Reduction:** Significant improvement

4. Facilities

- **Cleanliness:** Excellent
- **Comfort:** Comfortable and well equipped

5. Overall Experience

Rating (1-5): 5

Comments: Very satisfied with the service. The therapist was attentive and knowledgeable. I feel much better and confident to continue the exercises at home. Would definitely recommend this clinic to others.

6. Suggestions for Improvement

Longer appointment slots for initial consultations would be helpful.

This completed patient feedback form for physiotherapy provides valuable insights into treatment effectiveness and patient satisfaction. It highlights therapist professionalism, session outcomes, and overall experience. This example can serve as a practical reference for improving service quality and patient care.