**Why did you book with our Soft Tissue therapists today? (Please circle):**

|  |  |  |
| --- | --- | --- |
| Injury assessment and treatment | Sports Injury | Lymphatic drainage |
| Remedial/Sports Massage | Workplace Injury | Referral from other profession |

Therapist name (optional):

|  |  |  |  |
| --- | --- | --- | --- |
| **What were your first impressions of Clinic 88?** | Great | Adequate | Needs improvement |
| Ease of scheduling your first appointment | 3 | 2 | 1 |
| Availability of suitable appointment times | 3 | 2 | 1 |
| Availability of suitable location | 3 | 2 | 1 |
| Courtesy of reception staff | 3 | 2 | 1 |
| Waiting room comfort | 3 | 2 | 1 |
| Treatment room comfort | 3 | 2 | 1 |
| Clinic website | 3 | 2 | 1 |
| Online booking system | 3 | 2 | 1 |

Suggestions:

|  |  |  |  |
| --- | --- | --- | --- |
| **How was your treatment experience?** | Great | Adequate | Needs improvement |
| Therapist demeanour and professionalism | 3 | 2 | 1 |
| Therapist ability to clearly explain assessment findings and cause of ache, pain and or injury | 3 | 2 | 1 |
| Therapist ability to clearly explain necessary treatment and why | 3 | 2 | 1 |
| Satisfaction with therapist treatment techniques | 3 | 2 | 1 |
| Satisfaction with treatment outcome | 3 | 2 | 1 |

Suggestions:

|  |  |  |  |
| --- | --- | --- | --- |
| **How was your overall experience?** | Definitely | Possibly | No |
| Would you return to the clinic in the future? | 3 | 2 | 1 |
| Would you refer another person to Clinic 88? | 3 | 2 | 1 |

**What further suggestions would you make to help us improve your service at Clinic 88?**