



Staff Feedback

I saw (write the name of the person(s) whom you worked with)

The amount of time spent with your therapist?  
**Excellent**     **Poor**   
Comments: **5 4 3 2 1**

9. The way that the therapist listened to your comments, questions, concerns?  
**Excellent**     **Poor**   
Comments: **5 4 3 2 1**

10. His or her explanation of procedures or therapy regimen?  
**Excellent**     **Poor**   
Comments: **5 4 3 2 1**

11. His or her professionalism?  
**Excellent**     **Poor**   
Comments: **5 4 3 2 1**

12. Overall, how would you rate our center?  
**Excellent**     **Poor**   
Comments: **5 4 3 2 1**

Is there anything else you would like to tell us?  
Your constructive comments are appreciated.  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you!

Therapists and staff  
*Balance Diagnostic*  
*Balance and Neurological Physical Therapy*