

CLIENT EXPERIENCE SURVEY



ROWVILLE
 PHYSIOTHERAPY
 96 Kelletts Rd. Rowville
 9763 9233

Dear Clients

We would greatly value anonymous feedback on your experience with our practice. This will help us provide the best quality physiotherapy care. Our practice is undergoing accreditation by Quality in Practice (QIP) against Standards developed by our professional body, the Australian Physiotherapy Association. As part of our commitment to safe and high quality health care, we welcome feedback from clients to help us identify areas where we can improve our services to better meet your needs.

How would rate your experience with this practice? (Please circle appropriate number)

		Unsatisfactory		Satisfactory		Above expected		Not Applicable
		←→		←→		←→		
Part 1: Respect & Privacy - These questions relate to the level of respect and privacy shown to you by our practice.								
1	The level of respect shown to you by the physiotherapist and other practice staff was	1	2	3	4	5	6	N/A
2	The level of privacy you were given was	1	2	3	4	5	6	N/A
3	The adequacy of gowns, drapes or other cover to protect your dignity was	1	2	3	4	5	6	N/A
Part 2: Information for Informed Consent - These questions relate to the information provided to you by our practice.								
4	Information about treatment options for your condition was	1	2	3	4	5	6	N/A
5	Information about manipulation procedures (if applicable) was	1	2	3	4	5	6	N/A
6	Information about your right to refuse a particular treatment was	1	2	3	4	5	6	N/A
7	Information about your right to see your physiotherapist of choice was	1	2	3	4	5	6	N/A
8	Information about your right to obtain a second opinion was	1	2	3	4	5	6	N/A
9	Information about your right to change physiotherapists was	1	2	3	4	5	6	N/A
10	Information about care provided under the supervision of a qualified physiotherapist (if applicable) was	1	2	3	4	5	6	N/A
11	Information about our practice fees and services was	1	2	3	4	5	6	N/A
12	Information about your voluntary participation in research projects (if applicable) was	1	2	3	4	5	6	N/A
13	Information about your right to provide feedback or make a complaint was	1	2	3	4	5	6	N/A
14	Information about your right to have/ refuse to have another person present during your consultation was	1	2	3	4	5	6	N/A
15	Overall information you needed to provide informed consent for your physiotherapy care was	1	2	3	4	5	6	N/A

Part 3: General - These questions relate to general issues								
16	Communication suited to your individual needs was	1	2	3	4	5	6	N/A
17	Care suited to your cultural needs was	1	2	3	4	5	6	N/A
18	Your own involvement in setting goals for your care was	1	2	3	4	5	6	N/A
19	Information about ways you can manage your own health and wellbeing was	1	2	3	4	5	6	N/A
20	Information about your referral to another clinician (if applicable) was	1	2	3	4	5	6	N/A
21	Your means of seeking help if you were left unattended during your consultation was	1	2	3	4	5	6	N/A
22	Information about our practice services, location, contact details, opening hours & out-of-hours care options was	1	2	3	4	5	6	N/A
23	Your ability to get a timely appointment was	1	2	3	4	5	6	N/A
24	Our practice environment and facilities are	1	2	3	4	5	6	N/A
Part 4: Physiotherapy Outcomes - This question relates to the results of your physiotherapy program.								
25	The outcome of the health care provided by our practice for your presenting condition was	1	2	3	4	5	6	N/A

Other questions

26	Are you: <input type="checkbox"/> Male <input type="checkbox"/> Female
27	What is your age range? <input type="checkbox"/> 0 - 18 <input type="checkbox"/> 19 - 35 <input type="checkbox"/> 36 - 55 <input type="checkbox"/> 56 - 75 <input type="checkbox"/> 75 +
28	How long have you attended this practice? <input type="checkbox"/> Less than 2 years <input type="checkbox"/> 2-5 years <input type="checkbox"/> 6-10 years <input type="checkbox"/> Over 10 years
29	The physiotherapist I usually see when I visit this practice is: _____

Additional questions from the practice can be added here:

Are there any other comments you would like to make about our practice, physiotherapists and staff?

Many thanks for your time. Please fold and return this form to the person who gave it to you or put in the box provided