



Gooding Phone: (208) 934-9011
Twin Falls Phone: (208) 736-9011
Fax: (208) 934-9014

Move more, Live more!

Thank you for choosing Body Balance Physical Therapy. We value the time you spend with us. We also value your opinion and ask that you take a moment to answer the following questions. Your candid opinion is very important to us.

Patient's Name _____

Date _____

1. Is this your first experience with physical therapy? Yes No

2. Is this your first experience at our facility? Yes No

3. Was our clinic office staff responsive to your initial need for information and scheduling? Yes No

Please explain _____

4. Has the office staff provided enough information about your insurance benefits and any portions that you may be financially liable for? Yes No

Please explain _____

5. Has your physical therapist provided ample opportunity for you to explain your problems and concerns? Yes No

Please explain _____

6. Has your physical therapist explained his/her findings and outlined a plan of care for your therapy that you understand? Yes No

Please explain _____

7. Have you been treated with respect and kindness? Yes No

Please explain _____

Note: If you have any questions or concerns during the course of your care, please let your physical therapist or our office staff know immediately. We are committed to providing you with great care!