



# M.O.S.T.

Metro Orthopedics & Sports Therapy

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We at M.O.S.T. strive to give our patients the highest quality of care. Your comments are deeply appreciated and helpful in understanding how we can better serve you. M.O.S.T. is dedicated to service in a professional and friendly environment in order to help you reach your rehabilitation goals.

Date: \_\_\_\_\_ Reason for physical therapy: \_\_\_\_\_

Please use the following scale to answer the questions below:

	5	4	3	2	1
	Very Satisfied	Somewhat Satisfied	Undecided	Somewhat Dissatisfied	Very Dissatisfied
1. Ease of scheduling appointments:	5	4	3	2	1
2. Wait time for each therapy session:	5	4	3	2	1
3. Therapist knowledge:	5	4	3	2	1
4. Understanding of diagnosis:	5	4	3	2	1
5. Understanding your plan of care:	5	4	3	2	1
6. Explanation of home exercise program:	5	4	3	2	1
7. Friendliness of environment:	5	4	3	2	1
8. Professionalism of clinic:	5	4	3	2	1
9. Ability for your questions to be answered:	5	4	3	2	1
10. Overall quality of care received:	5	4	3	2	1

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you recommend us to a friend? YES or NO  
Would you tell your referring physician about us? YES or NO

Thank you for your time. We will continue to do our best to better serve you.