

Facilitate Occupational Therapy Services

Client Satisfaction Survey



Our goal at Facilitate OT is to provide excellent customer service and high-quality care, so that we can assist our clients to achieve their goals. We appreciate any feedback – positive or negative. We will use this feedback to improve our services.

Please assist us by completing the questions below.

Please tick the services that you received from Facilitate OT					
<input type="checkbox"/> Equipment Prescription	<input type="checkbox"/> Wheelchair Prescription	<input type="checkbox"/> Driving Assessment			
<input type="checkbox"/> Home Modifications	<input type="checkbox"/> OT Reports	<input type="checkbox"/> Paediatric Therapy			
<input type="checkbox"/> Other: (please specify)					
Please tick the funding used for these services					
<input type="checkbox"/> NDIS	<input type="checkbox"/> Veterans Affairs (DVA)	<input type="checkbox"/> Lifetime Care & Support			
<input type="checkbox"/> CTP Insurance	<input type="checkbox"/> Private Funding	<input type="checkbox"/> Other: (please specify)			
How long have you been receiving services from Facilitate OT services?					
<input type="checkbox"/> 0 – 3 months	<input type="checkbox"/> 3 – 6 months	<input type="checkbox"/> 6 – 12 months	<input type="checkbox"/> More than 1 year		
How would you rate your satisfaction with our Administration Team? (please tick)					
<input type="checkbox"/> N/A	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent	
How would you rate your satisfaction with your Occupational Therapist? (please tick)					
<input type="checkbox"/> N/A	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent	
How would you rate your satisfaction with our clinic resources? (please tick)					
<input type="checkbox"/> N/A	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent	
Overall, how would you describe your experience working with Facilitate OT (please tick)					
<input type="checkbox"/> N/A	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent	
Please let us know any additional comments, concerns or suggestions:					
X					
Would you like to be contacted about your experiences?					
If yes, please provide contact details: x					

Thank you for completing this survey.

Please return to admin@faciliateOT.com.au or to PO Box 285, Fairy Meadow NSW 2519

FACILITATE OCCUPATIONAL THERAPY SERVICES

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Providing expert Occupational Therapy services across the Illawarra and Shoalhaven