

“WHERE YOUR HEALTH MATTERS”

Name of Therapist: _____

How did you hear about us: Former Patient Close to work/school Website Yellow Pages
 Building Sign Insurance Plan Physician Family/Friend

Who is your primary care physician? _____

Did a specialist physician refer you to us? Yes / No (if yes, who: _____)

1. What's one thing that you'd like us to start doing?

2. What's one thing that you'd like us to stop doing?

3. What's one thing that you'd like us to keep doing?

4. In 3 sentences or less, can you describe any reservations that you had before you came in for physical therapy?

5. In 3 sentences or less, can you explain how we were able to help you with your reservations?

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6. Can you describe your 1-2 top goals when you started?

1.
2.

7. In point form, can you list your achievements with physical therapy thus far?

<ul style="list-style-type: none">••••••

8. Is there anything else at all that you'd like to add?

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I give permission to Motion Matters Physical Therapy to use this information for any promotional efforts or literature. (please check)

Name_____ Signature_____ Date_____

Address_____

Email address_____ Phone Number_____