



# Physical Therapy Works

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**We would appreciate you taking a couple of minutes to complete this quick survey.**

**Which clinic are you visiting today?**

- Physical Therapy Works – Burlington       West Point Clinic
- Danville Clinic

**How did you hear about our clinic?**

- Referred by a physician/please list \_\_\_\_\_       Television Advertisement
- Referred by a family member/friend/co-worker, etc.  
Please list who \_\_\_\_\_       Received mailing
- Radio Advertisement       Newspaper Advertisement
- Billboard Advertisement       Phone Book       Website

**Was our clinic easy to find?**     Yes     No

**Did you receive a friendly reception today?**     Yes     No

**Briefly, why are you here today?**

---

**Have you received physical therapy in the past?**     Yes     No

**If yes, was it at one of our clinics list above?**     Yes     No

**What are your expectations today?**

---

**Thank you for participating in our survey!**

If you have any questions or concerns, feel free to talk with any of our staff

**“Let Our Strength Help You Regain Yours”**