



COMMUNITY REHAB PHYSICAL THERAPY

Thank you for choosing Community Rehab Physical Therapy for your recent course of treatment. We hope that we have met your expectations and assisted you in your path to wellness. Because we strive to deliver the best possible physical therapy service, we are interested in learning how we did and how we might improve our services. Please take a moment to complete this questionnaire and mail it back to us at your convenience. Thank you!

1. Do you feel physical therapy was helpful in returning you to normal daily activity and how?
2. Was the staff at Community Rehab Physical Therapy helpful through your entire time with us?
3. What were some motivating and positive experiences that happened to you during your time with us?
4. Would you recommend Community Rehab Physical Therapy friends and family? Why or why not?

Patient Name _____ (optional)

Please sign the release on the back of this page if we can use your name for a testimonial to other clients.