



In an attempt to improve our delivery of physical therapy care and service, we would appreciate it if you could take a moment to answer the following questions to the best of your ability. All surveys will be reviewed and comments and suggestions taken seriously in order to enhance the patient experience for future customers. Thank you for your time and input.

**1. What was your primary reason for choosing Gray Physical Therapy ?**

**2. Have you received Physical Therapy services from other companies ?**

- Yes If yes, how do we compare?
- No

Compare Poorly

Average

Superior

**3. What do you think we could do to make the patient experience better?**

**4. What services or products would you like to see Gray PT provide in the future? (Check all that apply)**

- Massage Therapy
- Wellness / Fitness Programs
- Athletic screenings
- Off season athletic conditioning program
- Aquatic Program in conjunction with YMCA
- Other: \_\_\_\_\_
- Products (braces; orthotics etc): \_\_\_\_\_

If any of the above were on a cash pay basis would you be willing to pay for them?  Yes  No

**5. Would you be interested in having Gray PT contact you about new products or services that we offer as well as educational information on injury prevention or wellness?  YES  NO**

**If YES– how would you like to be contacted  Mail  Email**



**REFER A FRIEND PROGRAM**

Refer a friend or relative to Gray PT and qualify for a drawing to win a gift certificate to dine out and Gray PT apparel. Just have your friend give us your name upon their first visit and that will qualify you for our drawing.



May we have your permission to use your name or initials along with your comments in our advertising?

- No Thank You
- Yes (please check one)
- Name
- Initials

Your Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_