

Name:

Date:

Referring Physician:

# Please take a moment to let us know why you chose Teays Physical Therapy Center for your therapy needs.

1. **Please choose one of the following:**

My physician recommended Teays Physical Therapy Center for therapy. My physician provided a general referral for therapy and I chose

Teays Physical Therapy Center.

# What other factors influenced your decision to choose Teays Physical Therapy Center. (Check all that apply.)

TPTC’s reputation

Previous patient / good experience Family member or friend referral

A TPTC employee referred me Coach referral

I am a massage client

I am a Potential Plus / CrossFit participant

Convenience / location Social Media

Newspaper advertisement Billboard

Website / Internet search

Other: