



PLYMOUTH
PHYSICAL THERAPY SPECIALISTS

Orthopedics • Sports Medicine • Industrial Rehabilitation

RETURNING PATIENT

Patient Name: _____ **Clinic:** _____
(Please print clearly)

What Was The #1 Reason You Returned To Plymouth Physical Therapy Specialists?

Please check only one box, Thank You!

- Pleased with previous treatment results
- Confidence in your previous therapist (Name) _____
- All Staff was attentive and accessible
- Friendly staff/pleasant environment
- Cleanliness of the facility
- Close to home or work
- Doctors specifically referred to PPTS
- Convenient hours

May we add you to our email list to receive periodic newsletters, updates, and events?

Please Circle: Y N

Email Address _____
(Your email will remain confidential) Please print clearly.