



REFERRAL QUESTIONNAIRE

Name: Physician:

Date:

Thank you for choosing Team Physical Therapy for your rehabilitation program. We will work hard with you to see that your time spent with us will result in a positive and permanent change in your life.

We understand at Team PT that a referral to our center is a significant vote of confidence for our innovative treatment programs. Please take a moment to check the box below that best reflects how you came to choose Team PT for your physical therapy program

How did you find out about Team PT?

Physician Referral:

Name:

Friend/Family Referral:

Name:

School/Coach Referral:

School:

Name of Coach:

Sign/Drove by Building

Website/Yellow Pages/Advertisement

Other:

Have you ever had physical therapy before? Yes No

If yes, where?

Was it a good experience?

Welcome to Team PT!