



Name _____ Date _____

Please answer the following questions thoroughly. This will help us be sure you are achieving your treatment goals and that we are assisting you as much as possible.

1. What was the major problem you came here to resolve? Has it been resolved?

2. How would you describe the level of pain you had when you first came to *Aloha Physical Therapy*? How would you describe it now?

3. With regard to the long term, what is it that you still hope to accomplish in your treatment program with us?

4. Have you had any difficulties at *Aloha Physical Therapy* with scheduling or billing? Did you feel well cared for personally?

5. Do you understand your condition and what caused it well enough that you will not re-injure yourself, and can maintain your improved condition?

6. Do you feel good enough about your experience with us that you would return in the future and/or refer a friend or relative?

7. Do you know anyone who would benefit from seeing us?

Thank you for completing this form!