



SATISFACTION SURVEY - WE VALUE YOUR OPINION AND COMMENTS. HELP US IMPROVE OUR SERVICES.

<p>What did you like most about your therapy? _____ _____ _____</p> <p>What could have been done better? _____ _____ _____</p> <p>Did our services meet your expectations? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Were you satisfied with the scheduling? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Would you come back to our facility if you needed therapy in the future? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Would you recommend our services to others? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Overall, were you satisfied with your experience? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comment: _____ _____ _____</p>	<p>Did you receive a Home Exercise Program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you still do the exercises? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Would it help if we contacted you about it? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Optional:</i></p> <p>Do you know someone who has aches and pains? Name: _____</p> <p>Do you know someone who survived a Stroke, or has a Neurological Disorder? Name: _____</p> <p>Do you know someone who has difficulty walking? Name: _____</p> <p>Or someone who suffers from Arthritis? Name: _____</p> <p>Do you know someone, pregnant or not with personal women's specific health issues? Name: _____</p> <p>We would be honored to talk to them about solutions that may help their situation. Let them take advantage of a Free Confidential Telephone Consultation with one of our Therapist. Have them Call: 562-428-3556.</p>
<p>Who referred you to Medcessity?</p> <p><input type="checkbox"/> Primary Care Physician (PCP)</p> <p><input type="checkbox"/> Specialist/Surgeon</p> <p><input type="checkbox"/> Attorney</p> <p><input type="checkbox"/> Insurance: <input type="checkbox"/> PPO <input type="checkbox"/> HMO <input type="checkbox"/> _____</p> <p><input type="checkbox"/> Case manager</p> <p><input type="checkbox"/> Employer</p> <p><input type="checkbox"/> Former/Current patient: _____</p> <p><input type="checkbox"/> Self referral: <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Street Sign</p> <p style="padding-left: 40px;"><input type="checkbox"/> Brochure <input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p>	<p>Would you allow us to use your name and comments as testimonials? <input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____</p> <p>Name: _____</p> <p>Address: _____ _____ _____</p> <p>Tel. #: _____</p> <p style="text-align: center;"><i>We value your privacy and will never sell your information.</i></p>

Thank you so much for your time and patronage; call any time, we are here to help!

*Fold at the dashes and tape
shut before mailing back.*

Medcessity, Inc.
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