Full Circle
Physical Therapy, Inc.
Full Circle to Optimal Health

Orthopedics Manual Therapy Sports Medicine T'ai Chi / Yoga Rehab

Patient Discharge Questionnaire

1. Please list any activities that you CAN DO NOW that you had difficulty with or could not do before starting Physical Therapy. (i.e. combing hair, dressing, bending, getting in/out of car, etc.) _____

2. Please list the activities that you are STILL having difficulty with: _____

_____

3. What percentage have you improved since beginning Physical Therapy? (circle answer)

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

4. Have you learned how to control your symptoms better? ( ) yes ( ) no ( ) maybe

5. What is your general opinion of the Physical Therapy at Full Circle PT, Inc.? (circle answer)

1 2 3 4 5 6 7 8 9 10
Poor Excellent

6. What aspect of PT was most helpful to you? _____

_____

7. What can Full Circle Physical Therapy, Inc. do to improve services? _____

_____

8. Was the location convenient for you? ( ) yes ( ) no ( ) fair

9. Were you able to schedule your appointments: ( ) at a convenient time ( ) not soon enough

10. Did you meet your goals of Physical Therapy?_____

Any other comments or suggestions?_____

_____

Patient Name _____ Date _____

Thank you!

1880 South Pierce Street #14, Lakewood, Colorado 80232 (P) 303.936.0900 (F) 303.936.0132
www.fullcirclept.net