



MARKETING INFORMATION SURVEY

Thank you for choosing Spooner Physical Therapy. We are committed to providing a positive health care experience for every customer. Please take a moment to answer a few questions to assist us in achieving this goal.

1. Which Spooner location are you visiting today?

- | | |
|---|--|
| <input type="checkbox"/> Ahwatukee (16611 S. 40 th St) | <input type="checkbox"/> Fountain Hills (16605 E. Palisades) |
| <input type="checkbox"/> Desert Ridge (20950 N. Tatum Blvd.) | <input type="checkbox"/> Phoenix (1847 W. Heatherbrae Dr.) |
| <input type="checkbox"/> Estrella (9305 W. Thomas Rd.) | <input type="checkbox"/> Scottsdale (9097 E. Desert Cove) |
| <input type="checkbox"/> Goodyear (1616 N. Litchfield Rd.) | <input type="checkbox"/> Tempe ASU (400 E. Apache Blvd.) |

2. Did your physician suggest that you come specifically to Spooner PT? Yes No

3. How did you find our phone number? _____

4. Have you visited SpoonerPhysicalTherapy.com? Yes No

5. Have you had previous Physical Therapy treatment? Yes No

6. Where did you receive your previous treatments? _____

7. How did you learn about Spooner Physical Therapy?

- | | | |
|---|--|---|
| <input type="checkbox"/> I am a Previous Patient | <input type="checkbox"/> Self-Referral | <input type="checkbox"/> Insurance Plan _____ |
| <input type="checkbox"/> Doctor Referral (Name/Phn) _____ | <input type="checkbox"/> Phone Directory _____ | |
| <input type="checkbox"/> Friend/Relative (Name/Phn) _____ | <input type="checkbox"/> Employer _____ | |
| <input type="checkbox"/> Magazine/Newspaper _____ | <input type="checkbox"/> Other _____ | |

8. Do you read any of the following magazine or newspaper publications? (check all that apply)

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Ahwatukee Foothills News | <input type="checkbox"/> Arizona Republic | <input type="checkbox"/> AZ Health Magazine | <input type="checkbox"/> AZ Woman |
| <input type="checkbox"/> La Voz Magazine | <input type="checkbox"/> Pebble Creek Post | <input type="checkbox"/> SWEAT Magazine | <input type="checkbox"/> Tatum Sun Times |
| <input type="checkbox"/> The Fountain Hills Times | <input type="checkbox"/> Other _____ | | |

9. Are you familiar with any of the following physical therapy services?

- | | | | | |
|-------------------------------------|--|---------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> TMJ | <input type="checkbox"/> Athletes Xcel Sports Training | <input type="checkbox"/> ASTYM | <input type="checkbox"/> Aquatic Therapy | |
| <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Headaches | <input type="checkbox"/> Hand Therapy | <input type="checkbox"/> Wellness | <input type="checkbox"/> Cancer Rehab |

10. Can we email you with Spooner updates and/or healthcare news? Yes No, thanks

Patient Name (Please print) _____

Email Address _____

Zip Code _____

Thank you for your time.