



**AJOINTEFFORT**  
PHYSICAL THERAPY

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1045 E Klatt Rd, Anchorage, AK 99515

**PATIENT SURVEY**

**Please take a moment to tell us how we're doing.**

We welcome your suggestions, comments and concerns. Please let us know what you like and what we can change to better serve you.

**Who did you interact with today?**

- Louise Wood, PT, DPT, OCS
- Dennis Poirier, PT, MManipTher, OCS
- Dave Lyons, PT, MOMT

	(Poor)				(Great)
	1	2	3	4	5
<b>How was your general Overall experience?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>How was your experience with the Front Office Staff?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>How was your experience with the Clinical Staff?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>How was your experience with your Provider?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments or Suggestions are Welcome!**

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Please provide your name and contact preference if you would like us to follow up on your comments.

Name \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Please place in box provided or email to [office.jept@gci.net](mailto:office.jept@gci.net). – Thank you!

**Thank you for your input.**