

Please take a moment to share with us the progress you have made towards your health goals. We thank you for trusting us with your care. Your health and your feedback are important to us.



1. Did you find the front desk helpful in scheduling and answering your questions? Yes or No.  
Please explain how we can serve you better.
  
2. What is your health goal? \_\_\_\_\_ What is your diagnosis? \_\_\_\_\_
  
3. Is your pain level different now than before your therapy? Explain what you can do now that you could not do before therapy. Include activities at home and at work.
  
4. What did you find most beneficial and least beneficial about therapy? Please explain.
  
5. Do you feel that your therapy was customized especially for you? Please explain.
  
6. What have you learned from your therapy? Did you achieve your goals?
  
7. Was there someone who helped you during your treatment that you would like to recognize?
  
8. Would you recommend Comber Physical Therapy/Fusion Chiropractic to your friends and family?  
Please elaborate.
  
9. May we share this feedback with your physician  in the office  and on our website ?  
*Please check all boxes to which you grant consent.*

PATIENT WELLNESS SURVEY

PATIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

THERAPIST: \_\_\_\_\_ REFERRING PHYSICIAN: \_\_\_\_\_

New Town Clinic  
5388 Discovery Park Blvd., Suite 100  
Williamsburg, VA 23188  
757-903-4230

Lightfoot Clinic & Fusion Chiropractic  
201-B Bulifants Blvd.  
Williamsburg, VA 23188  
757-229-9740 clinic, 757-603-6655 Fusion