
Marketing Survey

Patient Name: _____

Age: _____ Gender: Male Female

Email Address: _____

How did you hear about our clinic (check all that apply)?

- Referring Physician
Did this physician refer you **specifically** to Dynamic Physical Therapy?
 Yes No
- Other Physician
If yes, whom may we thank? _____
- Family or Friend
If yes, whom may we thank? _____
- Media/Advertising
If yes, what source?
 - Newspaper
 - Television
 - Radio
 - Telephone book
 - Internet
 - Billboard (not the sign outside of our clinic)
 - Clinic sign/ location
 - Health Fair: _____
 - Other: _____
- Local Club or Group
If yes, which one? _____
- I am a returning patient
- Other: _____