**New Patient Survey**

Thank you for taking the time to answer a few questions about how you heard about our office. The information that you share will not be shared with others and will be used to better understand how to reach our patients.

How did you hear of our office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you seen any of our ads in the following (please check all that apply):

Daily Sun

Daily Commercial

Healthy Living Magazine

Style Magazine

Word-of-mouth

Television

Doc-Talk’s or Hospitals

Referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other/comments (please fill in): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Thank you for taking the time to fill out this brief survey. If you would like for someone to contact you regarding our services please let an administrative assistant at our front desk know.

*(For office use only)*

PN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of survey: \_\_\_\_\_\_\_\_\_\_\_