



PATIENT NAME _____ DOB _____

What is the #1 reason you chose our practice?

- PHYSICIAN REFERRAL* MAGAZINE TV COMMERCIAL
 NEWSPAPER AD TELEPHONE BOOK LECTURE
 INTERNET OTHER _____
 FRIEND OR FAMILY MEMBER* HEALTH FAIR

*PHYSICIAN REFERRAL (PHYSICIAN NAME) _____

*FRIEND OR FAMILY MEMBER (NAME) _____

For marketing purposes only, where else have you seen us advertised?

- NEWSPAPER AD _____
 MAGAZINE (PLEASE CIRCLE WHICH MAGAZINE)
SARASOTA MAGAZINE SRQ MAGAZINE STYLE MAGAZINE VAN WEZEL/OPERA PROGRAM BOOK Other: _____
 TELEPHONE BOOK
 INTERNET
 TV (CIRCLE WHICH CHANNEL) SNN WWSB/ABC
 LECTURE (PLEASE LIST WHICH LOCATION) _____
 HEALTH FAIR (PLEASE LIST WHICH LOCATION) _____
 OTHER _____

DID OUR PHYSICIAN'S REPUTATION INFLUENCE YOUR DECISION? YES NO

DO YOU UTILIZE THE INTERNET FOR HEALTH ADVICE? YES NO

HAVE YOU VISITED OUR WEBSITE www.veinsandarteries.com? YES NO

WOULD YOU LIKE AN EMAIL NOTIFICATION ABOUT HEALTH RELATED ISSUES PERTINENT TO YOUR CONDITION? YES NO

EMAIL ADDRESS _____

****your email address is kept PRIVATE!****