

DATE: _____

WE WOULD LIKE YOU TO HELP US LEARN MORE ABOUT OUR NEW PATIENTS. PLEASE COMPLETE THIS FORM AND RETURN IT TO THE RECEPTIONIST.

ALSO PLEASE PROVIDE US WITH AN ADDRESS OF WHO REFERRED YOU SO THAT WE MAY EXTEND OUR APPRECIATION.

Patients Name: _____

Address: _____

E-Mail Address: _____

Repeat E-Mail Address: _____

I called Dr. Haberman for an appointment because:

(PLEASE CHECK ALL THAT APPLY)

_____ 1. My friend _____

recommended the doctor.

His/Her address: _____

_____ 2. My doctor _____ referred me.

_____ 3. The office is convenient to my house/business. **(Circle one)**

_____ 4. I noticed the ad in the Yellow Pages, Shopper, other

_____ 5. _____ Hospital recommended the doctor.

_____ 6. I've heard the doctor speak on _____

at _____

_____ 7. I've read the doctor's column in the _____

_____ 8. I saw the doctor on TV _____

_____ 9. Other **(Please specify)** _____