



NEW PATIENT SURVEY FORM

What is your name? _____

In what city or town do you live? _____

What health insurance do you have? _____ How old are you? _____

Where did you **first** hear about Salmon Falls? Please select only **ONE**.

- | | | | |
|--------------------------|---------------------|----------------------|-----------------|
| 1. On the Radio | 4. Fair or Festival | 7. On a Billboard | 10. In a Mailer |
| 2. Parenting NH Magazine | 5. On the Internet | 8. In the Phone Book | 11. Coast Bus |
| 3. From a Physician | 6. In a Newspaper | 9. Family or Friends | 12. Other |

In what **other** ways have you heard about Salmon Falls? Please select **ALL** that apply.

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Why did you select Salmon Falls as your primary care provider?

If you have ever heard about us on the Internet, do you recall **on which website** you first heard about us?

We distribute a free email newsletter containing the latest news about Salmon Falls and our providers. Please enter your email address below if you'd like to receive a copy (please print clearly!).

Welcome to Salmon Falls Family Healthcare!