



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. The Welcome Wagon | 7. On a Billboard | 10. In a Mailer |
| 2. Coast Bus | 5. On the Internet | 8. In the Phone Book | 11. Other _____ |
| 3. From a Physician | 6. In a Newspaper | 9. Family or Friends | _____ |

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

- | | | | |
|---------------------|----------------------|----------------------|-----------------|
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| 3. From a Physician | 6. In a Newspaper | 9. Family or Friends | _____ |

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!).

Email Address _____

If you have ever seen or heard about us on the Internet, do you recall **where on the internet** you saw or heard about us?

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

Welcome to Salmon Falls Family Healthcare!