



PATIENT NAME \_\_\_\_\_  
DOB \_\_\_\_\_

### HOW DID YOU HEAR ABOUT US?

PLEASE CHECK ALL THAT APPLY!

- PHYSICIAN REFERRAL (PHYSICIAN NAME) \_\_\_\_\_
- NEWSPAPER AD \_\_\_\_\_
- SALON (NAME OF SALON) \_\_\_\_\_
- FRIEND OR FAMILY MEMBER (NAME) \_\_\_\_\_
- MAGAZINE (PLEASE CIRCLE WHICH MAGAZINE)  
SARASOTA MAGAZINE      SRQ MAGAZINE      STYLE MAGAZINE      ENHANCE SWFL
- TELEPHONE BOOK
- INTERNET: WHICH SEARCH ENGINE \_\_\_\_\_  COMCAST EMAIL LOG-IN
- TV (CIRCLE WHICH CHANNEL)    SNN      BRAVO      FOOD NETWORK      FOX NEWS
- ATTENDED A LECTURE (PLEASE CIRCLE TOPIC)  
AORTIC ANEURYSMS      STROKE      VARICOSE AND SPIDER VEINS  
VASCULAR PROCEDURES/DIALYSIS  
PERIPHERAL ARTERIAL DISEASE/WALKING DISCOMFORT AND CIRCULATION  
IMPROVING VASCULAR HEALTH: MEDICATION, DIET, EXERCISE
- OTHER \_\_\_\_\_

### OF THE CHOICES BELOW, WHICH WAS THE DOMINANT REASON WHY YOU CHOSE OUR PRACTICE?

- PHYSICIAN REFERRAL       MAGAZINE       TV COMMERCIAL
- NEWSPAPER AD       PHONE BOOK       LECTURE
- SALON       INTERNET       OTHER \_\_\_\_\_
- FRIEND OR FAMILY MEMBER

**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](http://www.veinsandarteries.com)?**     YES     NO

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

**YOUR EMAIL ADDRESS** \_\_\_\_\_