

SURVEY ABOUT REFERRAL

We're glad you're here! Please take a minute to tell us how you found out about our clinic.

Name _____ Date _____

I heard about the clinic through:

My Friend *Print name* _____

Is your friend a current patient? Yes No

A UWS Student *Print name* _____

A UWS Employee *Print name* _____

Are you related to the person who referred you? Yes No

What is the relationship? (child, parent, sibling, etc...) _____

I attended a UWS Event. *Print name of event* _____

Another Health Care Provider referred me.

I read about this clinic in: Newspaper Brochure Sign Other

I discovered this clinic on the Internet / Clinic Website.

None of the above. I learned about this clinic: (please describe how)

THANK YOU!

FOR OFFICE USE ONLY

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