

# Welcome to the Reproductive Health & Fertility Center!

We're very please to have you as a patient. Please take a moment to let us know how you heard about us. This will help us to better reach our patients.

Your Zip Code \_\_\_\_\_ Date of Appointment \_\_\_\_\_

Your new patient appointment is scheduled at (please check one of the following):

Rockford                       Peoria                                       Peru

**Check if Yes**

**Please identify**

_____	Radio (which station)	_____
_____	Newspaper(s)	_____
_____	Website	_____
_____	Telephone Book	_____
_____	Referring Physician	_____
_____	Magazine (s)	_____
_____	Health Fair	_____
_____	Events	_____
_____	Neighbor/Friend/Family	_____
_____	Referred by one of our patients	_____
_____	Your Insurance Plan	_____
_____	Chamber of Commerce	_____
_____	Returning patient	Last date seen _____
_____	TV/Commercial (station)	_____
_____	Other	_____



Please return this form to the Business Office

Thank you