



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 PainCare? (please select only **ONE**)

- | | | | |
|-------------|-----------|----------------------|-------------------|
| Billboard | My Doctor | Family/Friends | Bus Advertisement |
| Television | Radio | Phone Book | Fair or Festival |
| Internet | Newspaper | Mailer | Other _____ |
| NH Magazine | Drove By | Business NH Magazine | _____ |

If you **first** heard about us from your doctor, what is his/her name? _____

In what **other** ways have you heard about PainCare? (please select **ALL** that apply)

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

Based upon your experience with us so far, is there anything that we could be doing better? If so, please explain:

Be sure to visit **NHPainTalk.com**, our free on-line support group for those suffering with pain. Message boards, chats, the latest articles, games, and much more.

Thank you for your time. Welcome to PainCare.