

New Patient Registration

Two-Minute Survey

Welcome to Utica Park Clinic. Please take a moment to let us know how you found out about this clinic. We value your opinion and your input will help us better serve your healthcare needs.

New Patient Registration
OPG 0226a (Revised 4/09)

MRN#: _____

Physician: _____

Date: _____

(Return to UPC Administration)

1) How long have you lived in the area?

- One year or less
- More than one year

2) How did you *first* hear about Utica Park Clinic? Check only **one**.

- My insurance provider manual
- Direct mail promotional card sent to my home
- Yellow Pages
- Radio, newspaper ad, brochure, or billboard
- HealthLine (physician referral line)
- Recommended by a friend, co-worker, or family member
- Another physician: (please name): _____
- Health fair
- I previously had a UPC physician and I am now returning to reestablish care
- Web site (please print): _____
- Other (please print): _____

3) How **else** did you hear about this medical group? Check **all** that apply.

- My insurance provider manual
- Direct mail promotional card sent to my home
- Yellow Pages
- Radio, newspaper ad, brochure, or billboard
- HealthLine (physician referral line)
- Recommended by a friend, co-worker, or family member
- Another physician: (please name): _____
- Health fair
- I previously had a UPC physician and I am now returning to reestablish care
- Web site (please print): _____
- Other (please print): _____

4) How did you find our phone number?

- Phone book or yellow pages
- Web site (please print): _____
- HealthMatch: 585-8000 or 579-DOCS
- Other: Please List (advertising, brochures, etc.): _____

5) Prior to joining Utica Park Clinic, did you have a primary care physician?

- Yes Name of Physician: _____
- No (Please Print)

EMAIL: If you have an email address, we would like to send you helpful information including appointment reminders, customized health information and invitations to health fairs.

(preferred email address)

(print full name)

Patient Privacy: Our medical group does not sell or distribute patient information to anyone, including email addresses, without the express written consent of the patient.