

# PRIMARY HEALTH GROUP HENRICO

## How Did You Hear About Our Practice?

Patient Name: \_\_\_\_\_

Appointment with Dr. \_\_\_\_\_

Appointment Date and Time: \_\_\_\_\_

Please circle your answer below:

1. Your Health Insurance Company

2. Local Newspaper/Magazine Name: \_\_\_\_\_

3. Mail Box Flyer/Postcard

4. A Friend or Coworker

5. A Family Member

6. Radio/TV

7. Another Physician: Physician Name: \_\_\_\_\_

8. Hospital ER

9. Health Fair

10. Other: \_\_\_\_\_

**Thank you for choosing Primary Health Group Henrico. We will make every effort to earn your confidence and goodwill. If you have any feedback or concerns, please see the Practice Manager, Theresa Padilla.**