

Patient Intake Questionnaire

Patient Name: _____ Date: _____

Instructions

In order to improve our services, please take a moment to complete this brief survey. Please circle the answer that most closely resembles your answer. Thank you for your time!

1. How did you hear about us?

- a. My primary care provider or specialist referred me to you.
- b. My friend or family referred me to you.
- c. I looked you up in the phonebook
- d. I searched online.
- e. Other: *Please briefly explain:* _____

2. Have you ever seen or heard one of our ads? Please circle all that apply.

- a. I saw your commercial on TV.
- b. I heard your ad on the radio.
- c. I saw your ad in the newspaper.
- d. I saw your billboard.
- e. I have never seen or heard one of your ads.

3. After realizing you might have a sleeping problem, how long did it take you to seek assistance?

- a. Less than a month.
- b. 1 to 2 months.
- c. 2 to 3 months.
- d. More than 3 months.