

## Marketing and Referral Questionnaire

We are glad to have you as a patient at Atlanta Allergy and Asthma Clinic, P.A. Please take a few moments to let us know how you heard about our practice. Thank you for your assistance.

Account # \_\_\_\_\_

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

Clinic Location: \_\_\_\_\_

**How did you hear about our practice? (Please indicate **all** that apply)**

Your Physician \_\_\_\_\_  
(Name)

A Patient \_\_\_\_\_  
(Name)

An AAAC employee \_\_\_\_\_  
(Name)

Insurance Booklet \_\_\_\_\_  
(Plan)

Internet  Google  Yahoo  Other \_\_\_\_\_

Yellow Pages

Find-It 511

Radio Advertisement \_\_\_\_\_  
(Station)

Newspaper or Magazine Advertisement \_\_\_\_\_  
(Name)

Other \_\_\_\_\_