

New Patient Tracking for Oakdale OB/GYN, P.A.

Brooklyn Park Robbinsdale Plymouth Maple Grove St. Anthony

Date _____ Oakdale OB/GYN Provider: _____

How did you hear about our clinic?

(Please check all that apply)

_____ Physician/Provider referral (who referred you) _____

_____ Friend/Relative Referral (name) _____

We would like to thank the individual that referred you to our clinic.

_____ Health Plan (insurance company) _____

_____ Yellow Pages (which directory) _____

_____ North Memorial

_____ Internet – if so, which website _____

_____ Newspaper Ad (which paper) _____

_____ Direct Mail (description of mailing) _____

_____ Other _____