

**WELCOME! Thank you for choosing Oakdale OB/GYN!** Date: \_\_\_\_\_

*How did you hear about our clinic? Please complete referral information below to let us know. **Thank you!***

**NAME:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**OAKDALE OB/GYN PROVIDER YOU ARE SEEING TODAY:** \_\_\_\_\_

- ➡ **PHYSICIAN/PROVIDER REFERRAL** (name & clinic): \_\_\_\_\_  
*We would like to thank the provider who referred you.*
- ➡ **FRIEND/RELATIVE REFERRAL** (name) \_\_\_\_\_  
*We would like to thank the individual who referred you.*
- ➡ **HEALTH PLAN REFERRAL** (list insurance co.) \_\_\_\_\_
- ➡ **MAPLE GROVE HOSPITAL REFERRAL** \_\_\_\_\_
- ➡ **NORTH MEMORIAL REFERRAL** \_\_\_\_\_
- ➡ **INTERNET** (list Web site) \_\_\_\_\_
- ➡ **ADVERTISING** (list local paper, magazine) \_\_\_\_\_
- ➡ **DIRECT MAIL CARDS OR LETTERS** (description of mailing) \_\_\_\_\_
- ➡ **YELLOW PAGES** (which one) \_\_\_\_\_
- ➡ **OTHER** (please list) \_\_\_\_\_

**Brooklyn Park** \_\_\_\_\_ **Robbinsdale** \_\_\_\_\_ **Plymouth** \_\_\_\_\_ **Maple Grove**

*New Patient Tracking Form Oakdale OB/GYN, P.A. (5/27/10)*

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