

**PLEASE COMPLETE THE FOLLOWING SURVEY SO THAT WE CAN BETTER UNDERSTAND THE NEEDS OF OUR CUSTOMERS.**

**Date:** \_\_\_\_\_ **Day:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Your Zip Code:** \_\_\_\_\_

**Is this your first visit to our office? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**If not, what made you return? Follow-up Appt** \_\_\_\_\_ **Staff** \_\_\_\_\_ **Hours** \_\_\_\_\_

**Convenience** \_\_\_\_\_ **Doctor** \_\_\_\_\_ **Which One?** \_\_\_\_\_

**Other/Explain** \_\_\_\_\_

**What is most important to you when choosing a medical**

**facility?** \_\_\_\_\_ **What is your gender:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Marital**

**Staus:** \_\_\_\_\_ **Employed:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_ **Student:** \_\_\_\_\_ **Retired:** \_\_\_\_\_

**Family Income Level: less than \$20,000** \_\_\_\_\_ **\$20-40,000** \_\_\_\_\_ **\$40-60,000** \_\_\_\_\_

**\$60-80,000** \_\_\_\_\_ **more than \$80,000** \_\_\_\_\_

**How Many Children?** \_\_\_\_\_ **Do you have ins?** \_\_\_\_\_ **What type?** \_\_\_\_\_

**How did you hear about us?**

\_\_\_\_\_ **Driving By/Sign** \_\_\_\_\_ **Past visit** \_\_\_\_\_ **Dermavogue**

\_\_\_\_\_ **Internet** \_\_\_\_\_ **TV** \_\_\_\_\_ **Radio**

\_\_\_\_\_ **Loris Radio Station at Football Games**

\_\_\_\_\_ **Brochure/Map (which one)** \_\_\_\_\_

\_\_\_\_\_ **Horry Telephone Yellow Pages** \_\_\_\_\_ **Verizon Yellow Pages**

\_\_\_\_\_ **Newspaper.....Which One?** \_\_\_\_\_

\_\_\_\_\_ **Pharmacy.....Which One?** \_\_\_\_\_

\_\_\_\_\_ **Real Estate Office.....Which One?** \_\_\_\_\_

\_\_\_\_\_ **Other** \_\_\_\_\_

**Thank you for taking the time to complete this survey. This really helps us to give the best possible service.**