

Patient Survey

Please check [✓] your responses.

Have you previously at any time been treated by another orthopedic practice? [] Yes [] No

Are you a new patient to Reid Orthopedics? [] Yes [] No

Have you seen or heard advertising for Reid Orthopedics? [] Yes [] No

If you answered "Yes", please specify those you have seen or heard.

- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> Letter/Postcard in Mail | <input type="checkbox"/> Radio | <input type="checkbox"/> Local Magazines |
| <input type="checkbox"/> Local/Community Sporting Events | <input type="checkbox"/> Television | <input type="checkbox"/> Other Local Community Event |
| <input type="checkbox"/> Yellow Pages | <input type="checkbox"/> Email | <input type="checkbox"/> Speaking Engagements/Patient Seminars |
| <input type="checkbox"/> Newspaper Ad or Article | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Internet/Online Advertisement |
| <input type="checkbox"/> Billboard | | |

If yes, did this influence your decision to come to Reid Orthopedics? [] Yes [] No

Do you use the Internet to research your healthcare topics? [] Yes [] No

Have you visited our website, www.ReidOrthopedics.com, in the past 30 days? [] Yes [] No

Who referred you to Reid Orthopedics? (Please select one.)

- | | | |
|--|---|--|
| <input type="checkbox"/> Athletic Trainer | <input type="checkbox"/> Friend | <input type="checkbox"/> Hospital or Emergency Room |
| <input type="checkbox"/> Case Manager | <input type="checkbox"/> Family Member | <input type="checkbox"/> Family Physician/Internist/Primary Care |
| <input type="checkbox"/> Coach/Athletic Director | <input type="checkbox"/> I Referred Myself | <input type="checkbox"/> Other (Please specify) |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Physical Therapist | _____ |

What was the soonest that you could get an appointment with your Reid Orthopedics' physician? (Please select one.)

- | | | | |
|-----------------------------------|--|-----------------------------------|----------------------------------|
| <input type="checkbox"/> 1-2 Days | <input type="checkbox"/> 3-5 Days | <input type="checkbox"/> 6-7 Days | <input type="checkbox"/> 2 Weeks |
| <input type="checkbox"/> 3 Weeks | <input type="checkbox"/> 4 Weeks or more | | |

If applicable, were you able to efficiently schedule your first rehab appointment?

- Yes [] No

What was the soonest that you could get an appointment with Rehab Services? (Please select one if applicable)

- | | | | |
|-----------------------------------|--|-----------------------------------|----------------------------------|
| <input type="checkbox"/> 1-2 Days | <input type="checkbox"/> 3-5 Days | <input type="checkbox"/> 6-7 Days | <input type="checkbox"/> 2 Weeks |
| <input type="checkbox"/> 3 Weeks | <input type="checkbox"/> 4 Weeks or more | | |

Please tell us which of the following specialties or services you are aware that Reid Orthopedics provides. (Please check all that apply.)

- | | | |
|---|--|-----------------------------------|
| <input type="checkbox"/> Ankle | <input type="checkbox"/> Elbow | <input type="checkbox"/> Foot |
| <input type="checkbox"/> Hand | <input type="checkbox"/> Hip | <input type="checkbox"/> Knee |
| <input type="checkbox"/> Oncology | <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Shoulder |
| <input type="checkbox"/> Spine(back and neck) | <input type="checkbox"/> Sports Medicine | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Wrist | <input type="checkbox"/> Other _____ | |

Prior to your visit today, did you know we are the sports medicine physicians for the Indiana University East Red Wolves, Centerville Bulldogs, Richmond High School Red Devils, Earlham College, Northeastern High School Knights, Tri-Village Patriots, National Trail High School, and Preble Shawnee High School? [] Yes [] No

Ultimately, what was the reason(s) you chose Reid Orthopedics for your care?

Would you like to receive educational materials regarding your orthopedic care via email from Reid Orthopedics?

- Yes Email Address: _____ [] No