

# Florida Center

## For Allergy & Asthma Care

### How did you first find out about Florida Center For Allergy & Asthma Care?

Please fill out lines 1 and 2 and **check ONE** of the appropriate box categories that best describe how you first heard of one of our specialists or our practice. Your help is greatly appreciated.

1. **What is the name of your primary care physician?** \_\_\_\_\_
2. **Did you require a referral authorization to be seen at our practice?** [ ] YES [ ] NO

#### Referred by:

- [ ] Primary Care Physician
- [ ] Other physician: Name: \_\_\_\_\_
- [ ] Family member or friend

#### Insurance Provider Directory:

- [ ] HMO [ ] PPO [ ] POS [ ] Indemnity [ ] Other \_\_\_\_\_

#### Media:

- [ ] Television commercial
- [ ] Television news story
- [ ] Newspaper article
- [ ] Magazine Article

#### Internet

(If you saw us on the Internet, on which web site did you see Florida Center For Allergy & Asthma Care or our physician on?)

- [ ] [www.Florida-Allergy.com](http://www.Florida-Allergy.com)
- [ ] [Miami.com](http://Miami.com) or [Herald.com](http://Herald.com)
- [ ] *Real Yellow Pages on-line*
- [ ] *American College of Allergy Asthma & Immunology (www.aaaai.com)*
- [ ] *American Academy of Allergy Asthma & Immunology (www.aaaai.com)*
- [ ] *Online Hospital Directory*

#### Print Advertisement (Please circle which publication you had seen our advertisement)

- [ ] *Miami Herald* [ ] *Sun Sentinel*
- [ ] *Dade Community Paper* [ ] *Bell South Real Yellow Pages*
- [ ] *Broward Community Paper*

#### [ ] Public Fair, Show or Exhibition

If you recall, what is the name of the event? : \_\_\_\_\_

[ ] Other: \_\_\_\_\_

Thank you for taking the time to complete this valuable survey 😊  
Please return this form to the Front Desk Staff.