



**New / Established Patient Referral Program – Demographic Information**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Age:            18 – 25            26 – 40            41 – 55            56 – 70            older

Who is their optometrist? \_\_\_\_\_

PCP? \_\_\_\_\_

How did you hear about EyeCare Associates? \_\_\_\_\_

Dr. Referral            Family / Friend            High School Sports Magazine

High School Sports Magazine (on-line)            Urban Tulsa

Fox 23 News            Good Day Oklahoma            Radio            Website

Plasmedia (food court / mall)            Phone Book            House warmers

Duffy's coffee cup            Flyer            Recall            Insurance Plans

Other \_\_\_\_\_

**Please circle all that apply.**

Employee Name: \_\_\_\_\_

Date: \_\_\_\_\_