

## Patient Intake Questionnaire

Thank you for choosing our facility. To better serve our patients, we kindly ask you to complete the following questions.

Today's date: \_\_\_\_\_

### 1. How did you find out about Northeast Ohio Women's Center?

\_\_\_\_\_ **Friend/Family Member**

\_\_\_\_\_ **Planned Parenthood**

Which Planned Parenthood Location? \_\_\_\_\_

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

\_\_\_\_\_ **Doctor**

Referring physician's name: \_\_\_\_\_

Office Location/Address: \_\_\_\_\_

\_\_\_\_\_ **Internet**

www.abortion.com

www.gynpages.com

www.yellowpages.com

www.google.com

www.yahoo.com

Other: \_\_\_\_\_

### 2. What made you choose our facility for your services?

### 3. Are there any other services that you would like to see our office offer?

**Please make us aware of any additional questions or comments. Thank you**