



GYN Specialists of Reno
experience special care

WELCOME

What goals do you have for your body or health?

What do you value the most from your doctor or clinician?

What is the reason for your visit?

- Medical Problem
 - Annual Exam
 - Other
-

How did you hear about us? (mark all that apply)

- FRIEND/FAMILY (please print their name clearly so we may send them a Thank You card.**
-

INTERNET

- Google
 - Yelp
 - Other _____
-

OTHER

- Physician/Provider referral
 - Hospital
 - Magazine/Newspaper
 - Advertisement
 - Insurance
-

Patient Name: _____ Date: _____

Date of Birth: _____